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CITY UNIVERSITY LONDON

**Barebacking and sexual position: An analysis of
the personal accounts of HIV-negative and
unknown status gay men who have
condomless anal sex**

Matthew Christopher Stuart Grundy-Bowers

A thesis submitted to City University London in accordance with the requirements for the
degree of

Doctor of Philosophy in Public Health

School of Health Sciences

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DEDICATION

I dedicate this thesis to my late grandfather, who started life in a slum in West London with his 13 brothers and sisters. While he was proud of his working class roots, Granddad worked tirelessly to improve the life of himself and his family. His personal ethic was to always strive to be better and it is an ethic that he imparted to me and which I continue to live my life by. I am indebted to him for his love, support and his principles. Thanks, Granddad.

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For T & N: You are missed

DECLARATION

The University Librarian of City University London is hereby granted powers of discretion to allow this thesis to be copied, in whole or in part, without further reference to me.

ABSTRACT

Men who have sex with men (MSM) remain disproportionately affected by HIV and sexual infections, which are acquired predominately through condomless anal sex, known as 'barebacking'. This thesis is concerned with the experiences of HIV-negative or unknown status gay men who have recently engaged in bareback sex. Using data obtained through interpretative phenomenological analysis (IPA), this thesis makes a unique and holistic contribution to the barebacking discourse by detailing the factors that influence HIV-negative and unknown status MSM to engage in bareback sex through the analytical lens of sexual position. MSM in London were targeted via gay press, e-mail broadcasts and leafleting, and asked to take part in in-depth qualitative interviews. The interviews were digitally recorded and transcribed verbatim, and the data were managed using NVivo9™.

A total of 13 MSM were interviewed; the average age of participants was 39 years (range 29-55) and all had engaged in bareback sex between 0-90 days prior to the interview. The findings are organised around a pragmatic analytical framework generated from the mens' narratives and comprise three main themes: 'How participants set the scene to their barebacking encounters'; 'The act of bareback sex' and 'The meanings men ascribe to bareback sex'. By examining how participants locate their barebacking encounters, how bareback sex is communicated and negotiated during an encounter, and how men ascribe meaning to bareback sex, I demonstrate how participation in bareback sex is the result of a dynamic process involving different combinations of factors. These findings are presented in three separate chapters. In addition, this thesis provides new insights regarding sexual position and bareback sex. The thesis concludes with a discussion about the implications of the findings for those who work with MSM and also considers areas of possible future research.

ABBREVIATIONS AND KEY TERMS

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
BASHH	British Association for Sexual Health & HIV
BHIVA	British HIV Association
BME	black and minority ethnic
CAS	condomless anal sex
DH	Department of Health
GMFA	Gay Men Fighting AIDS
HAART	highly active antiretroviral therapy
HIV	human immunodeficiency virus
HPA	Health Protection Agency
HPE	Health Protection England
IPA	interpretative phenomenological analysis
MSM	men who have sex with men
PEPSE	post-exposure prophylaxis for sexual exposure
PHE	Public Health England
PHI	primary HIV infection
PLWHIV	person living with HIV
PnP	party and play
PrEP	pre-exposure prophylaxis
STI	sexually transmitted infection
TasP	treatment as prevention

KEY TERMS

Abjection

The reversal of a negative experience into a pleasurable one, but not taking pleasure in the experience itself

Active

A colloquial term to describe being the insertive partner during sexual acts (see also *insertive anal intercourse* and *top*)

Actor

One of the individuals in a social interaction

Anal sex

The insertion of the penis or other objects into the anus for sexual pleasure

Antiretroviral therapy (ART)

Medication used to treat HIV

Arse

A colloquial term used to describe the anus and rectum

Barebacking

Anal sex without use of a condom

Bottom

A colloquial term to describe the behaviour of receptive anal intercourse (see also *passive* and *receptive anal intercourse*). It is also used as an identity by some men to exclusively or predominantly have receptive anal intercourse

Bracketing

A conceptual term referring to one who holds preconceived ideas prior to analysing data

Bug chasing

HIV-negative individuals who seek to acquire HIV

Casual partner

A sexual partner who is not a romantic partner; they could be a one-off partner or an ongoing sexual partner

CD4 count

The number of CD4 t-helper cells in a sample of blood (cells/mm³)

Combination therapy

A combination of anti-HIV medication, a term which has now been replaced by the term ART

Cruising ground

A public space that men use to meet and have sex with other men

Descriptive analysis

Analysis of data in order to provide an explanatory account, which may form the main content of a document or text

Dipping

The brief or shallow insertion of the penis into the anus without a condom

Discordant sex

Sex between partners with different HIV statuses

Fisting

A colloquial term to describe the insertion of the hand and forearm in the rectum for sexual pleasure (also *brachioproctic insertion*)

Foreplay

Sexual activities that occur prior to intercourse, which can include oral sex and mutual masturbation

Fuck

A colloquial term for sexual intercourse

Gaydar

A popular internet dating site

Grindr

A popular location-based social networking application for smart phones

Hermeneutics

The theory of interpretation

Highly active antiretroviral therapy / HAART

A combination of at least three anti-retroviral medications to treat HIV

HIV testing

Normally a blood test although it can be a test of urine and saliva, to detect the present of HIV antibodies, antigens or RNA

HIV-negative

Refers to the status of an individual tested for HIV outside of the window period, where HIV is not detected

HIV-positive

Refers to the status of an individual tested for HIV, where the test is confirmed and HIV is detected

Idiography

Idiography is concern for the particular. In the case of this study, the particular refers to the individual experience

Insertive anal sex

The act of inserting the penis into the anus for sexual pleasure (see also *top*)

Interpretative analysis

To analyse data by interpreting the text rather than describing it

Interpretative phenomenological analysis /IPA

An idiographic, qualitative research method concerned with understanding a phenomenon through the lived experience of an individual

Men who have sex with men (MSM)

A categorical term used to describe sex between men that focuses on sexual behaviour rather than sexual identity

Negotiated safety

A technique use by MSM to make their engagement in condomless sex safer, which involves testing for HIV outside of the window period and negotiating an agreement between partners about sexual conduct outside of the sexual relationship

Orgasm

The culmination of sexual stimulation, involving physical and psychological sexual pleasure and ejaculation (see also *cum* and *ejaculate*)

Passive

The receptive partner during sexual activity

Performance space

The location of a social interaction

Person living with HIV/AIDS (PLWHA)

A term used to describe an individual infected with HIV or having an AIDS diagnosis

Phenomenology

A philosophical approach to the study of experience

Party and play (PnP)

A colloquial term use to describe sex whilst intoxicated on drugs (see also *chem-sex*)

Post-exposure prophylaxis

A course of anti-HIV medication taken after a potential exposure to HIV to reduce the likelihood of HIV transmission

Pre-exposure prophylaxis

A course of anti-HIV medication taken before a potential exposure to HIV to reduce the likelihood of HIV transmission

Primary HIV infection (PHI)

The acute or early stage of HIV infection, characterised by a high viral load and in some cases a seroconversion illness

Receptive anal sex

The act of receiving the penis into the anus for sexual pleasure (see bottom)

Romantic partner

A partner with whom an individual is romantically involved; not a casual partner

Rimming

Stimulation of the anus with the tongue and mouth for sexual pleasure

Sadomasochism (S&M)

Mutual sexual pleasure derived from both inflicting and receiving pain and/or humiliation during sexual encounters

Safer sex

A range of practices to reduce the likelihood of acquiring or transmitting sexual infections

Sero-adaptive behaviours

Behaviours which individuals employ to enable condomless sex to occur and are thought to reduce the likelihood of HIV acquisition or transmission, which do not fall under safer sex, including sero-sorting and strategic positioning

Sero-sorting

Selecting sexual partners based on their HIV status

Sexual Script Theory

A theoretical framework developed by Gagon & Simon to enable the examination of sexual interaction between individuals

STI screening

A check-up for sexually transmitted infections including gonorrhoea, chlamydia, syphilis, HIV and hepatitis (A, B & C)

Strategic positioning

A sero-adaptive behaviour in which the HIV-positive individual adopts the anally receptive position and the HIV-negative individual adopts the anally insertive position

Substance use

The use of any substances, including alcohol, with the aim of becoming intoxicated

Superordinal theme

A group of linked emergent themes organised under a larger theme

Symbolic interactionism

A sociological perspective of the study of human behaviour in which meanings and behaviours are developed through human social interaction

‘Top’

A colloquial term to describe the behaviour of insertive anal intercourse (see also *active* and *insertive anal intercourse*). It is also used as an identity by some men to exclusively or predominantly have insertive anal intercourse

Transgression

Has a biblical origin and means going against a proscribed rule of code. It helps

describe the pleasure some MSM experience from engaging in condomless sex

Treatment as prevention

The use of medical interventions for the prevention of HIV transmission, which may include male circumcision, PrEP, PEPSE, microbicides or ART to reduce the viral load

Versatile

An individual who engages in both insertive and receptive sexual practices

Viral load

The level of HIV in an individual’s blood, semen or other bodily fluids

CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

'...unless we understand the complexity and the interaction of all elements working together we will never truly be able to understand why gay men take sexual risks. To this end, our efforts must be driven by holistic understanding of gay men as human beings, for whom psychological, sociological, and biological elements interact to affect our decision making.'

Michael Shernoff (2006:xv)

I begin with a quotation from Michael Shernoff as it embodies both the approach to and focus of the present study. By taking a gestalt approach, this doctoral thesis makes a unique contribution to the existing commentary on the phenomenon of barebacking. Using in-depth interviews with HIV-negative and unknown status men who have sex with men (MSM) and taking a qualitative approach, I have begun to answer what many authors (Flowers & Duncan 2002; Kippax & Stephenson 2010; Halkitis, Wolitiski & Millet 2013) including Shernoff have been calling for: research that attempts to understand the complexity and interactions between the various factors associated with bareback sex, including the psychological, sociological and biological factors which may underpin how gay men arrive in a situation in which they engage in bareback sex. By taking this approach, I demonstrate that for gay men barebacking occurs within a dynamic constellation of interconnected factors. In addition, I examine men's experiences of bareback sex through the analytical lens of sexual position, which has remained virtually absent from academic debates. While there are some areas in which there were few differences between the experiences of participants engaging in bareback sex according to the sexual position they adopted, there were other areas in which there were clear differences observed; in particular, this applied to the interpersonal dynamic between the top and the bottom and the meanings men ascribed to barebacking.

This new knowledge is of significance as it is recognised that the phenomenon of barebacking undoubtedly contributes to the increase in MSM acquiring HIV (Berg 2009), as well as other sexually transmitted diseases. Continuing medical advances may have dramatically altered the course of HIV for those who acquire it, yet HIV remains a serious lifelong infection for which there is no cure or vaccine. As such, the spread of HIV among MSM remains a serious public health concern. Nevertheless, as I will show in this chapter, the prevalence and incidence of HIV, along with other sexually transmitted infections, among MSM in the United Kingdom continues to rise in spite of over thirty years of HIV prevention efforts.

Human behaviour is a key determinant in the transmission of HIV. In a seminal piece, Crossley in 2002 argued that the complex psychosocial issue of condomless anal sex is invariably reduced in HIV prevention to the simple recommendation of using a condom every time. This reductionist approach fails to acknowledge the multi-dimensional nature of sexual risk-taking among MSM, and in spite of repeated calls for a more in-depth investigation of the issue (Flowers & Duncan 2002; Kippax & Stephenson 2010; Auerbach 2010; Kippax 2012; Halkitis, Wolitiski & Millet 2013), many contemporary accounts of the phenomenon fail to offer a holistic examination of the experiences of gay men who bareback and gay desire in its entirety (Holmes & Warner 2005; Holmes et al 2008). Shernoff (2006) contends that such a narrow focus of study is insufficient if we are to develop a meaningful understanding of gay men who bareback, which in turn hampers current approaches to HIV prevention. It is therefore imperative that a holistic approach is taken to HIV prevention (Halkitis, Wolitiski & Millet 2013) – that is, one which avoids reductionism (Auerbach 2012) - and that HIV prevention is informed by the everyday experience of gay men (Kippax & Stephenson 2010).

In order to achieve this goal, research with gay men who bareback needs to be gestalt, by which I mean locate individuals within their psycho-social landscapes, describe the various meanings they attribute to the encounter, investigate sexual scripts and socio-cultural and psychological influences, and, finally, examine the complexities and interconnectedness of factors involved in bareback encounters (Halkitis et al 2008; Adams et al 2005; Shernoff 2006; Brummelhuis & Herdt 1995; Holmes & Warner 2005; Holmes et al 2008; Goldhammer & Mayer 2011). It is this scope of investigation which I have strived to achieve in this thesis.

In this introductory chapter, I set out the background to the study. I present the origins of the research and my own personal and professional relationship with HIV. I discuss the history, usage and operationalisation of the term ‘barebacking’, demonstrating its evolution during the HIV pandemic, and consider how earlier conceptualisations and portrayals of those who engage in barebacking behaviour pathologised men as having problematic personal characteristics. I provide an overview of HIV, including pathogenesis and transmission, and discuss the prevalence of HIV and other sexually transmitted infections to highlight the biological risks involved in engaging in bareback sex. In the review of the relevant literature pertaining to bareback sex, I map what researchers have identified as key factors in men’s barebacking experiences, and identify the gap in the existing literature which this study addresses.

1.2 SECTION ONE: BACKGROUND TO THE STUDY

1.2.1 THE ORIGINS OF THE RESEARCH

While this study isn’t specifically about HIV, the research has come about because of my personal and professional experiences of the disease. As an adolescent boy, growing up in the early 1980s and grappling with my own sexual identity, I was abruptly confronted by a disease that was killing gay men and sending the general population into a panic. There were advertisements from the British government containing harsh imagery of tombstones and disastrous icebergs, accompanied in the press by stories of famous people who had succumbed to the disease and were subsequently outed as gay by association (not always accurately). My first actual encounter with HIV was as a naive 18-year-old student nurse on my second placement to a medical ward. I was caring for a young man who was a little older than me. He was HIV-positive and being treated in a side room for *pneumocystis jiroveci* (previously called *pneumocystis carinii* or PCP). None of the staff treated him routinely; they were either incredibly nice or shamefully horrid. What I remember distinctly about the experience was the feeling of fear; I wasn’t fearful about caring for him but fearful when I realised that this young man could be me. These were the dark days before ‘combination’ or ‘highly-affective antiretroviral’ therapy and unfortunately, like many people with HIV at that time, he died. His death had a profound effect on me, probably due to the fact that we were so close in age. Since then I have worked and volunteered in the field of HIV and sexual health. For twenty years, I have attempted to help those who are at

risk by providing information, advice and care for those infected with, and affected by, HIV/AIDS and other sexually transmitted infections.

HIV is now a vastly different disease from that relatively unknown condition that emerged during my youth. There is far greater awareness of how HIV is transmitted and there have been advances in treatment and improvements in testing. Advances in treatment mean that once diagnosed, people with HIV can lead near-normal lives and have near-normal life expectancy. In spite of these advances and improvements however, HIV remains problematic.

Firstly, the number of gay men infected with HIV continues to rise. According to the most recent HIV report from Public Health England (PHE 2013) - formerly known as the Health Protection Agency - the numbers of new HIV diagnoses among gay men continue to surpass heterosexual HIV acquisition. I see these increases not only in the form of updates from Public Health England but also through my work and in my social circles, and through the people that I meet who are diagnosed or disclose that they are, or have become, HIV positive. Secondly, a diagnosis of HIV is 'packaged' by many health professionals as being similar to a diagnosis of diabetes; that is, it is treated as a manageable health condition as long as people are receiving medical treatment. Yet, unlike diabetes, effective treatment of HIV requires near-perfect adherence to retroviral treatment. In addition, these treatments can be difficult to tolerate due to side effects and physical changes that occur such as lipodystrophy. HIV therefore remains a serious disease, and in the past ten years there have been 5549 HIV-related deaths in the United Kingdom, two of whom were close personal friends of mine.

As well as the personal tragedy of HIV that is experienced by individuals, families and friends, HIV continues to be a "public health disaster" (Erkstrand et al 1999:1525). Although the lifetime treatment and associated healthcare costs for PLWHIV have more recently reduced from an estimated £0.5-1 million (Kuyper et al 2005) to £280,000 to £360,000 (HPA 2011), this still places a huge financial burden on the NHS. The HPA (2011) estimated that preventing the 3640 probable UK-acquired HIV infections in 2010 would have reduced future healthcare costs by more than £1.0 and £1.3 billion; however, demands on services continue to rise as transmission continues to increase (Jaffe, Valdiserri & De Cock 2007). The World Health Organisation (WHO) (2009) calculated that for every

two people started in antiretroviral treatment, there will be five new infections. This makes the prevention of HIV infection a public health and financial priority in the UK¹.

Of grave concern is that HIV is an expensive (financial) and costly (in human terms) business. With the numbers of gay men acquiring HIV continuing to rise, there is a huge – and potentially preventable - burden on what is an already over-stretched health resource, the National Health Service (NHS). Gay men predominantly acquire HIV through what some might consider a ‘behavioural choice’, which is to engage in condomless sex. I am fearful that the current pressures on NHS resources and the rationing of healthcare provision will affect how gay men with HIV will be perceived and treated in the future.

Attempts to address the charted rise of HIV infections in gay men have included a range of biomedical interventions to prevent transmission. These include: (i) post-exposure prophylaxis; (ii) treatment as prevention; and (iii) pre-exposure prophylaxis. These three approaches are described in detail below.

- i) Post-exposure prophylaxis (PEP) is a course of anti-HIV drugs taken by someone who has had a recent sexual exposure to HIV. The treatment needs to be taken within 72 hours of exposure and is taken for 28 days. There is a current initiative to increase testing for HIV in order to diagnose the estimated 25% of people who are currently unaware that they are infected with the virus (HPA 2012). As knowledge of HIV status is thought to reduce ongoing sexual risk behaviours (Fox et al 2009), early diagnosis is an important aim.
- ii) According to data presented in a recent international conference held in London², treatment as prevention (TasP) involves using antiretroviral drugs to prevent the transmission of HIV. This approach also benefits from the current initiative to increase testing to reduce the number of those undiagnosed. This is because earlier testing allows those diagnosed to start anti-retroviral therapies (ARTs) earlier and thereby reduce their viral loads with the aim of making them less infectious.

¹ Dr Valerie Delpech, head of HIV surveillance at the HPA, <http://www.hpa.org.uk/NewsCentre/NationalPressReleases/2011PressReleases/110323UKacquiredHIVnearlydoubles/> accessed 23/03/2011

² Controlling the HIV epidemic with antiretrovirals 2013 http://www.iapac.org/tasp_prep/ (accessed 19/12/2013)

- iii) Also considered TasP, there is a growing interest in pre-exposure prophylaxis (PrEP). PrEP are HIV antiviral medications taken by those at risk on an on-going basis as research suggests that this course of action can reduce transmission (Fisher 2007; Garcia-Lerma et al 2010). In spite of these recent advances in biomedical interventions to prevent HIV transmission, which include PrEP, PEP and microbicides, the backbone of HIV prevention remains condom use.

The biomedical interventions discussed above are seen as a temporary stop gap to prevent HIV acquisition until behaviour change occurs. The ultimate goal remains the avoidance of high-risk sexual encounters, consistent condom use with casual partners, and 'negotiated safety'. PHE (2013) recommends that MSM screen for STIs on a regular basis (at least annually), use condoms consistently and reduce their number of partners.

1.2.2 BAREBACKING: A CONTESTED CONCEPT

Prior to the 1980s, before the AIDS and the HIV pandemic took hold, anal sex between men typically occurred without condoms and so was considered the norm (Pryce 2001a; Wolitski 2005). AIDS changed everything, however. Sex with a condom became 'protected' and 'safer', while sex without a condom became 'unprotected' and 'unsafe' (Yep, Lovaas & Pagonis 2002), thus inextricably linking anal sex to the condom (Shernoff 2005). Anal sex is now synonymous with the condom, so much so that it is now difficult to describe anal sex without making reference to it. The introduction of highly active antiretroviral therapy (HAART) and, in particular, protease inhibitors in the mid-1990s altered the perception of risk and made individuals feel less fearful of HIV. This provided the backdrop for an increase in the numbers of men once again engaging in condomless anal sex and the prevalence of HIV among gay men in particular (Flowers 2001; Crossley 2002; Adam et al 2005; Wolitski 2005). These increases coincided with the emergence of the term 'barebacking' to describe such behaviour. As earlier noted, condomless sex is by no means a novel phenomenon (Wolitski 2005) as sex without condoms has been occurring between gay men since the beginning of the HIV epidemic (Gauthier & Forsyth 1999; Holmes et al 2008). However prior to the widespread availability of HAART, condomless sex was conceptualised by both gay men and healthcare professionals as a 'relapse' or 'mistake' (Flowers et al 1997; Halkitis, Parsons & Wilton 2003).

1.2.3 THE ORIGINS OF BAREBACKING

Barebacking and bareback sex are colloquial terms that have equestrian links - both refer to riding without a saddle - and carry connotations of risk and exhilaration (Groß 2006; Holmes et al 2008; Berg 2009). The exact origins of the term barebacking are unclear; however, the use of the term to describe condomless anal sex had entered the gay vernacular by the mid-1990's (Junge 2002). The term is often accredited to Scott O'Hara (Adam 2005; Adam et al 2005; Huebner, Proescholdbell & Nemeroff 2006; Berg 2009), an actor in the adult film industry, with the term appearing in his autobiography: *'Autopornography: a memoir of life in the lust lane'* (O'Hara 1997). Yet, while O'Hara did indeed celebrate condomless sex between HIV-positive men, he did not in fact use the term in his book. It was, rather, Stephen Glendin (1997), in an article entitled 'Riding Bareback' for the magazine POZ, who first made reference to the term. In relation to the academic literature, the first reference to barebacking as a sexual behaviour was in an article written by Arroyo in 1998 and entitled 'Barebacking no more: transmission of resistant HIV strains a reality'. Prior to this, the only reference to barebacking in the academic literature had been in relation to injuries sustained at the rodeo.

Barebacking was and continues to be a controversial topic (Gauthier & Forsyth 1999; Adam 2005). A recent documentary entitled 'The bareback issue' (2012), produced by discodamaged.com, was banned by both YouTube™ and Google™.

1.2.4 BAREBACKING: EVOLVING USE OF THE TERM

As a semantically unstable term, the exact meaning and use of the term barebacking depends on many things, including who is using it, and where and when it is being used (Junge 2000) ; Race 2007). It is a sexual behaviour, a social identity and also a sub- or micro-culture that has dedicated websites, associated pornography and specific sex venues (Adam 2005; Carballo-Diequez et al 2009; Greteman 2013). Barebacking has therefore become the norm within certain circles (Crossley 2002).

Initially, the term referred specifically to "intentional condomless anal sex between HIV-positive men" (Parsons & Bimbi 2007), but as barebacking as a sociocultural phenomenon evolved, so has the operationalization of the term (Wolitski 2005). For many gay men, regardless of HIV status, the term has replaced awkward or formal descriptions such as "anal sex without condoms" (Adam et al 2005; Parsons & Bimbi 2007; Halkitis, Wilton & Galatowitsch 2005; Carballo-Diequez et al 2009) and has recently become a heterosexual

neologism (Havery 2011). Nevertheless, some men who consider barebacking to describe the act of condomless sex are still reluctant to apply the term to themselves (Adam et al 2005).

1.2.5 PROFESSIONAL CONCEPTUALISATIONS OF BAREBACKING

There is further incongruity between how the term barebacking is used and understood by gay men and how it is conceptualised in professional circles (Halkitis, Wilton & Drescher 2005). Specifically, there appears to be broad consensus among gay men that barebacking, as a behaviour, refers to any condomless sex (Halkitis et al 2005; Huebner, Proescholdbell & Nemeroff 2006; Halkitis 2007; Carballo-Diequez et al 2009), while for professionals, distinctions are drawn between barebacking and other types of condomless sex (Adam 2005; Halkitis, Parsons & Wilton 2003; Mangsergh et al 2002; Carballo-Diequez et al 2009). For example, some professionals consider barebacking to include those behaviours that pose a risk for HIV transmission, as distinct from condomless anal sex in situations not considered risky (Carballo-Diequez et al 2009; Frasca et al 2012). Further distinctions are drawn between behaviours which occur within the boundaries of established, seroconcordant (where both partners share the same HIV status), monogamous, romantic relationships (i.e. negotiated safety) to those which occur between unknown status, casual and anonymous partners (Kippax et al 1993; Wolitski 2005). Further, for many professionals, the notion of 'intentionality' appears to be central to conceptions of barebacking; for example, it is used to distinguish barebacking from other types of condomless sex (e.g. lapses) as a result of negative affective states and heat of the moment slip-ups (Mansergh et al 2002; Adam 2005; Shildo, Yi & Dalit 2005; Holmes & Warner 2005). This position is problematic for several reasons: first, most men engaging in bareback sex do not intentionally seek condomless sex, even if it is the outcome of the sexual encounter (Halkitis et al 2009; Fernandez-Davila & Lorca 2011). Second, bareback sex, even if desired by an individual, is contingent on a willing partner (Halkitis et al 2009). Third, at which point does the act become intentional? Surely at the point that an individual decides to have sex without a condom it becomes intentional, whether that is moments or days before the point of penetration (Shernoff 2005). Fourth, intentionality infers culpability for the act and anything which occurs after the act (such as HIV transmission) (Flowers, 2001; Dean 2009). Finally, and most importantly, barebacking is a colloquially term that originated from the gay community; thus, no matter how professionals attempt to define the term, it will not

affect how it is understood and used by gay men in everyday life (Huebner, Proescholdbell & Nemeroff 2006).

1.2.6 THE PREVALENCE OF BAREBACKING

Data taken from the regional section of the 'European Men-Who-have-Sex-with-Men internet Survey' (EMIS) (a survey published in England by Sigma/CHAPS in 2011 as the 'Gay Men's Sex Survey') found that 45.5% of the 15,456 men who took part in the survey had engaged in condomless anal sex in the preceding six months. In comparison, a more recent study of 12,287 MSM in the UK, conducted by Jonathan Elford (2012) and his team, identified that 27% of respondents had engaged in unprotected anal sex with a partner of unknown or discordant HIV status in the three months prior to completing the survey. There appears to be a huge discrepancy between these two figures (27% compared to 45.5%), however this highlights that the prevalence of barebacking is dependent on several contextual factors, which are discussed below:

Relationship status

There is a higher prevalence of condomless anal sex among male same-sex partners in steady relationships than among casual partners (Davidovich, de Wit & Strobe 2004; Elford et al 1999). In particular, men in relationships often engage in condomless anal sex with their partners as part of negotiated safety (Kippax et al 1993, Kippax et al 1997). Lattimore et al (2011) noted differences in risks taken by MSM when having sex with casual as opposed to main partners, as well between concordant and discordant partners. For example, they reported that while the overall percentage of men engaging in condomless anal sex rose from 9.8% in 1998 to 20.8% in 2008, discordant sex with casual partners rose from 6.7% in 1998 to 15.2% but then returned to 8.6% in 2008. During this time the percentage of men engaging in condomless anal sex with main partners remained constant (Lattimore et al 2011). This effect of partner type on the rate of condomless sex was also reported by Lambert et al (2011) in a study conducted in Canada (Montreal). With regard to men who were HIV-negative/unknown status, the authors found that HIV-negative/unknown status men in relationships were more likely to report condomless anal sex (34%) compared to those not in relationships (12%).

HIV status

The prevalence of barebacking is also found to differ according to HIV status, with HIV-positive MSM more likely to engage in bareback sex than those who are HIV-negative (Mansergh et al 2002). Two papers address this issue. In the first, van Kesteren, Hospers & Kok (2007) reviewed 53 studies and identified high rates of condomless anal sex among HIV-positive men (around 40%), especially those with seroconcordant partners, than among HIV-negative or unknown status men and their partners. In the second paper, Crepaz et al (2009) conducted a meta-analysis of 30 US studies (n = 18,121), and found that the prevalence of barebacking among HIV-positive men with any partner was 43%. They also reported that the prevalence of barebacking was higher with seroconcordant partners (30%) compared to serodiscordant partners (16%).

Sexual position

Sexual position also appears to influence the prevalence of condomless anal sex. In their study of 4,295 men across six US cities, Koblin et al (2003) found that when asked about their sexual behaviour in the previous six months more tops (54.9%) engaged in bareback sex than bottoms (48%). In addition, sero-adaptive behaviours mean that HIV-positive men are more likely to bareback as a bottom, while HIV-negative men are more likely to bareback as a top (Snowden, Raymond & McFarland 2011; Crepaz et al 2009; Grov et al 2007).

How individuals meet their sexual partners

In a meta-analysis of 11 studies, which represented a total of 39,602 individuals, Lewnard & Berrang-Ford (2014) demonstrated that there is an increased prevalence of barebacking among men who use the internet to select their partners.

Community factors

The prevalence of sexual risk-taking may also be embedded in sub-cultures within the MSM community. Moskowitz et al (2011) surveyed men at the International Leathermen Competition and PrideFest events and found that regardless of HIV status, men who were involved in the leather community were more likely to engage in condomless anal sex than non-Leathermen. Furthermore, even within the leather community, the authors found that the likelihood of condom use also depended on an individual's orientations; for example, men who were submissive were less likely to use condoms than those who were non-submissive. Another factor associated with the

notion of sexual subcultures concerns particular sexual practices, which may also affect the prevalence of condomless anal sex. Van de Ven, Mao & Prestage (2004) studied gay Asian men in Sydney, Australia who had extensive experience in fisting, S&M group sex and rimming. The authors reported that these practices were each independently associated with a higher rate of sexual risk-taking.

1.2.6.1 POPULATION AND GEOGRAPHICAL CONSIDERATIONS

In addition to the factors considered above, there also are population considerations that affect the practice of condomless anal sex. Dodds et al (2007) undertook a cross-sectional survey of MSM in three cities in England, London, Brighton & Manchester, and found differences between HIV-positive and HIV-negative respondents. Specifically, in the previous twelve months, men who were HIV-positive were found to be more likely to engage in condomless anal sex (37%) than men who were HIV-negative (18%).

As well as geographical differences, there are also differences in the prevalence of condomless anal sex according to ethnicity and age. Halkitis and his team (2011) found that among younger MSM (13 to 29 years) in New York, black men were more likely than white men to have condomless receptive anal intercourse with a casual partner. Yet, Crosby et al (2007) found in Atlanta that black MSM had similar or lower rates of risk behaviours compared to white MSM. Another relevant study was that conducted by the EMIS (2013) team, who found that younger men were more likely to engage in bareback sex than older men, as were those who were HIV-positive. A similar finding was also reported by Webster et al (2003) for young MSM in Florida. Of the 81 respondents who had engaged in anal sex in the 12 months prior to completing the survey, 45% had done so without condoms and 31% with non-primary partners. Finally, in a study of 1075 HIV-negative young gay men, almost half (47%) had engaged in bareback sex, and most of them did so because they believed their partner to be HIV-negative (MacKellar et al 2006).

In Europe, EMIS was the first (and, according to the Sigma website, largest ever) study of MSM³, comprising 38 European countries and including 174,209 respondents aged 13-89 years old. 58% of respondents who had sex with a man in the previous 12-months had done so without condoms. By comparison, a recent study by Wim, Christiana & Marie

³ http://www.sigmaresearch.org.uk/files/local/All_England_2010.pdf (Accessed 20/03/2014)

(2014), which included an online sample of HIV-negative Belgium MSM (n=591), reported that 34% of participants had at least one episode of condomless anal sex with a casual partner. A recent report published by the CDC in the United States (2013) published findings that more closely matched the EMIS study, however, showing that the number of MSM reporting condomless anal sex at least once in the previous 12 months rose from 48% in 2005 to 57% in 2011.

The prevalence of condomless anal sex has been on the increase since it was first reported in the literature in the 1990's. For example, the percentage of men in San Francisco reporting condomless anal sex rose from 24% in 1994 to 45% in 1999 (Katz et al 2002), while in a separate study Erkstrand et al (1999) also found increases in the incidence of condomless anal sex with young gay men (18 to 29 years), with the percentage rising from 37% in 1993 to 50% in 1997 (of which 22% were classified as high-transmission risk). Similar increases were also seen between 1996 and 1998 with casual partners in Sydney, Australia (Van de Ven et al 1998) and in Montreal, Canada between 1997 to 2003 (George et al 2006). In London, Dodds et al (2004) also found that men who have sex with men (MSM) continued to report increasing levels of condomless anal sex, with the percentage rising from 30% in 1996 to 42% in 2000, while Lattimore et al (2011) reported overall increases from 24.3% to 36.6% in the ten year period from 1998 to 2008.

1.2.7 PROFESSIONAL PERCEPTIONS OF THOSE WHO HAVE BAREBACK SEX

There is no doubt that barebacking continues to perplex many of those who work with MSM in the promotion of sexual health and the prevention of HIV, as noted by several authors (Ridge 2004; Holmes & Warmer 2005; Grov 2006; Schilder et al 2008). When Shernoff (2006a: xv) states that *"our efforts must be driven by holistic understanding of gay men as human beings"*, it is perhaps a nod to how some choose to perceive those who engage in bareback sex. For example, there is an assumption that so-called rational individuals will act to preserve life and avoid death, and therefore it follows that if an individual engages in bareback sex (which potentially exposes them to HIV) their behaviour is irrational (Davis 2002). Davis (2002) goes on to argue that it is through this particular viewpoint that this irrationality is considered by many people to be deviant and a sign of defectiveness as certain alternative lifestyles become what Crossley (2002: 49) describes as *"receptacles for all that is valued and moral"*. Nowhere can this be more clearly seen than in the apparent hierarchy pertaining to those who engage in condomless sex, with married

heterosexuals receiving a much less stigmatised reaction compared to gay men (Gauthier & Forsyth 1999; Adam, Seers & Schellenberg 2000; Shernoff 2005). And the hierarchy doesn't end with the hetero-homo divide, as gay men are further subclassified into dichotomous categories, with those who use condoms on the one hand considered morally responsible, good, healthy and functional, while those who do not are often portrayed as irresponsible, destructive, unhealthy, bad and dysfunctional (Adam 2005; Russell 2005; Halperin 2007; Dean 2009). Halperin (2007: 55) argues that, in essence, people adopting this viewpoint perceive that *"barebacking provides a docking station for normalizing judgements and homophobic sensationalism"*. This is particularly true of portrayals⁴ of the minority of men who seek to intentionally transmit or acquire HIV as 'gift-givers' and 'bug chasers' (Frasca et al 2012).

The stereotypes just discussed are problematic for several reasons. First, stereotypes that label condomless anal sex as deviant, irresponsible or irrational lead researchers to certain standard and well-recognised explanations for the behaviour, such as low self-esteem (Russell 2005; Halperin 2007; Meyer & Champion 2008; Dean 2009; Greteman 2013), internalised homophobia (Russell 2005; Halperin 2007), childhood sexual abuse (Schilder et al 2008), being self-destructive, or having diminished self-control and fatalism (Shildo, Yi & Dalit 2005; Halperin 2007). These approaches all have negative connotations that pathologise gay men for their failure to respond to HIV in what is considered by others to be the appropriate way (Flowers et al 1997; Dean 2009). Second, such attitudes are actually counterproductive to HIV prevention since these negative associations can take on a positive value for some and become a primary motivator for engaging in bareback sex, when condomless anal sex becomes an act of resistance, physically and symbolically representing the transgression of cultural norms (Yep, Lovas and Pagonis 2002; Crossley 2002).

These perspectives are not particularly helpful to the promotion of a positive and healthy approach to sexual health by both professionals and gay men alike, nor is it necessarily an accurate reflection of the lived experiences of the majority of men who choose to engage in condomless sex, not least because it conflates the engagement in bareback sex with being an HIV prevention failure (Goodroad, Kirksey & Butensky 2000). Yet although engagement in condomless anal sex by gay men is often framed as being associated with undue risk, those who engage in bareback sex are generally aware of the

⁴ For an exemplar of this see Moskowitz & Roloff (2007).

risks associated with the behaviour (Halkitis et al 2008), want to avoid HIV transmission (Davis 2002) and operationalise strategies to reduce the risk (Frasca et al 2012). This would suggest that rather than the situation being one of HIV prevention failure (Goodroad, Kirksey & Butensky 2000), what may actually be occurring is an evolution of harm reduction and the notion of absolute safety being surpassed (Stall 2005; Halperin 2007).

1.2.8 HIV: AN OVERVIEW

The major concern for both MSM as well as those working in HIV prevention is the transmission of HIV. It is therefore worth pausing to consider HIV, and given the focus of this present study, its transmission during anal sex. Human immunodeficiency virus (HIV) is a lifelong, incurable, life-threatening communicable infection which results in Acquired Immune Deficiency Syndrome (AIDS) and ultimately death⁵. Since the introduction of antiretroviral therapy, however, HIV is now considered a long term treatable condition (BHIVA 2012). HIV causes progressive failure of the immune system as the virus targets cells that express CD4 (t-helper cells) and cell-mediated immunity is lost (Klimas, Koneru & Fletcher 2008).

There are three stages to HIV infection: 1) primary HIV infection (PHI), 2) the latent phase, and 3) AIDS. PHI occurs two to four weeks after infection and during this time there is transiently high viral replication (Daar et al 2001; Pilcher et al 2004; Miller et al 2010). Approximately 40% of those infected will experience what is described as a 'sero-conversion' illness characterised by a range of non-specific symptoms including fever, malaise, myalgia and a rash (Daar et al 2001; Burchell et al 2003). HIV, like other lentiviruses⁶, has a long period of clinical latency, and following PHI infected individuals remain relatively asymptomatic, with many being unaware of their infection even though there is a gradual depletion in CD4 lymphocytes (Moir, Chun & Fauci 2008). During viral replication, the CD4 cells become depleted and immune functioning becomes compromised, resulting in susceptibility to minor opportunistic infections such as candidiasis. Then, as the CD4 count drops below 200cells/mm, there is increased susceptibility to more serious opportunistic infections such as *pneumocystis jiroveci* (previously known as *carinii*) pneumonia (PCP) and malignancies like Kaposi's sarcoma

⁵ There are small numbers of individuals who are classified as long term non-progressors, who despite being HIV-positive maintain normal or near normal CD4 counts and remain AIDS free (Klein & Miedema 1995)

⁶ Lentiviruses are viruses that are slow replicating retroviruses.

(Pratt 2003). These signal the onset of AIDS, and without antiretroviral therapy these opportunistic infections will necessarily result in death (Pratt 2003; Klimas, Koneru & Fletcher 2008).

1.2.8.1 TRANSMISSION

HIV is transmitted when an uninfected individual comes into contact with infected bodily fluids, and there are a number of ways in which this can happen (Caceres & van Griensven 1994). For example, it can be passed vertically from an infected mother (antepartum, intrapartum and postpartum), occupationally (through needle stick injuries/mucus membrane), through the sharing of needles and other injection drug use paraphernalia, or through contaminated medical equipment (Klimas et al 2008). The most common mode of transmission, however, is through condomless vaginal, anal and, to a lesser extent, receptive oral intercourse (Pratt 2003).

1.2.8.1.1 RISK OF TRANSMISSION BETWEEN MSM

In relation to HIV transmission, condomless anal sex is more risky than vaginal or oral sex (Baggaley, White & Boily 2010; Fox & Fidler 2010), and among MSM is the predominant mode of transmission in the UK. During transmission, HIV crosses the mucosal barrier of the intact epithelium of the prepuce, glans penis or rectum as these sites are interspersed with cells that are targeted by HIV (Fox & Fidler 2010). In addition, if the integrity of the epithelial surface is compromised through micro-abrasions, this is thought to increase the likelihood of transmission (Caceres & Van Griensven 1994; Fox & Fidler 2010). The risk from a single episode of condomless anal sex however, is relatively low compared to risk associated with other sexually transmitted infections (STIs), as transmission of HIV is dependent on a number of factors (Fox & Fidler 2010).

The single most important factor in the transmission of HIV is the viral load of the infected partner (Fox & Fidler 2010). There are peaks in the plasma viral loads during the late stages of HIV, and especially during PHI, which are mirrored in semen, resulting in increased genital and seminal viral shedding and the increased infectiousness of the individual (Pilcher et al 2004; Miller et al 2010; Fox & Fidler 2010; Dosekun & Fox 2010). PHI in particular is thought to propel the HIV epidemic, as many individuals will be unaware of their HIV status despite the fact that they are hyper-infectious, thus allowing others to be unintentionally exposed to HIV (Pilcher et al 2004; Mackellar et al 2006; Miller et al 2010).

Once HIV is diagnosed, it is argued that antiretroviral therapy can reduce transmission as it results in significant suppression of plasma viral load, which corresponds with an undetectable viral load in semen (Vernazza et al 2000; Dosekun & Fox 2010; Cohen et al 2011). A statement from the National Swiss AIDS Commission in 2008, which has become known as the 'Swiss statement'⁷, suggests that as long as certain conditions are met, an individual with an undetectable viral load should be considered not infectious. There are problems with this contention, however. Public Health England (2013) asserts that treatment as prevention is unlikely to reduce the transmission of HIV as most of the people who have a detectable viral load remain undiagnosed. Furthermore, even among those individuals diagnosed and on antiretroviral therapy, transmission can still occur (Hallett et al 2011). For example, the viral load in rectal secretions is higher than those found in plasma or semen regardless of anti-retroviral therapy (ART) (Zucherman et al 2004).

Also associated with an increased likelihood of HIV transmission is the presence of a concomitant STI (especially those that cause genital ulceration). Not only do STIs affect the integrity of the skin, but they also increase the number of target cells in the genital areas as well as increasing HIV viral shedding (Ward & Ronn 2010; Benn, Fisher and Kulasegaram 2011; Dosekun & Fox 2010; Fox & Fidler 2010). While other behavioural factors associated with HIV transmission include the frequency, nature and duration of sex as well as partner concurrency (Fox & Fidler 2010; Miller et al 2010; Cassels et al 2010a; Dosekun & Fox 2010), HIV transmission is thought to be most common between main sexual partners as there is generally lower condom use, a higher number of sex acts and greater frequency of receptive anal sex (Sullivan et al 2009a).

1.2.8.1.2 SEXUAL POSITION IN RELATION TO THE TRANSMISSION OF HIV

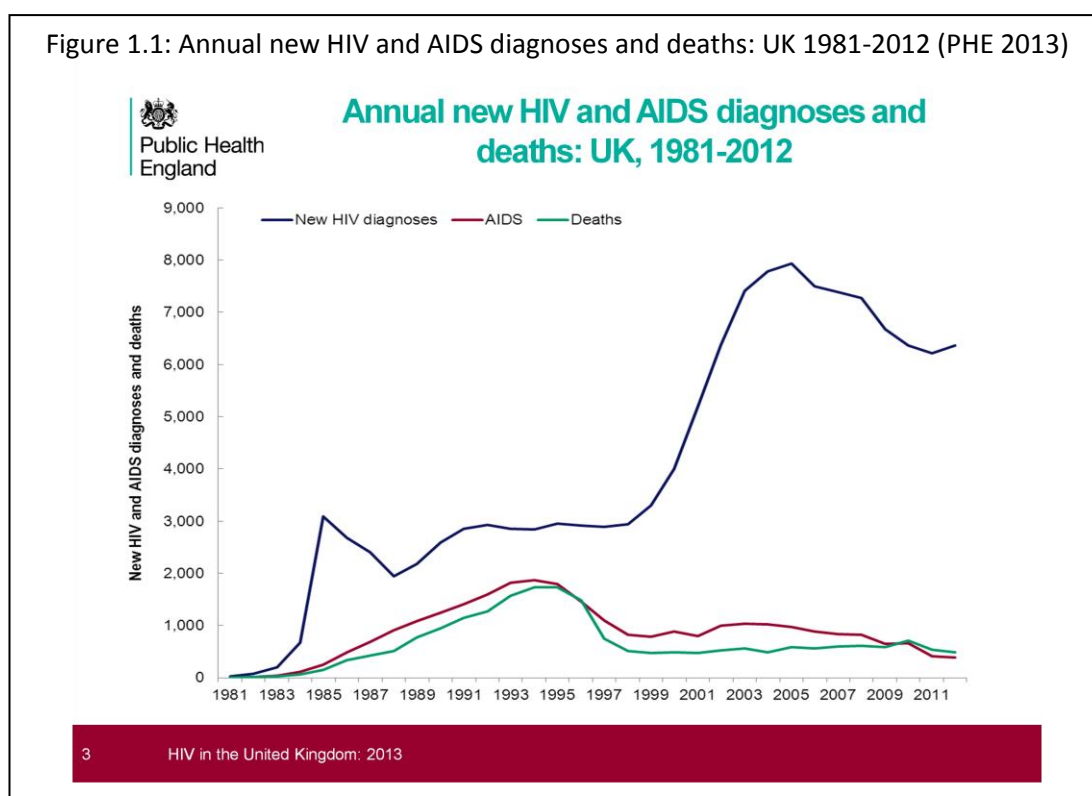
While considering the variables discussed in the previous section, it is important to keep in mind that not all MSM are exposed to the same risk during condomless anal sex. Next to the viral load of the HIV-positive partner, the greatest single factor that poses a risk for HIV transmission is the sexual position adopted during anal sex, with those adopting the receptive role being at most risk (Caceres & Van Griensven 1994). It has been estimated that the risk of transmission during condomless sex with a known HIV-positive partner per sex act for receptive anal intercourse is 1.11 as compared to 0.06 for insertive anal sex (Benn, Fisher & Kulasegaram 2011). This reflects the fragility of the rectal mucosa, which enhances transmission of HIV to the receptive partner (Fox & Fidler 2010), with

⁷ This was a statement released by the Swiss National AIDS Commission (EKAF 2008)

transmission more likely if there is internal ejaculation (Benn, Fisher & Kulasegaram 2011; Lim et al 2012). Conversely, if the insertive partner is HIV-negative, there are several factors that can also explicate transmission. If, for example, the insertive partner is uncircumcised there will be more HIV target cells, a greater surface area and increased likelihood of micro-abrasions to the prepuce and frenulum, which will also increase the risk of transmission (Caceres & Van Griensven 1994). Also, secretions from the rectum have higher concentrations of HIV than are found in blood and semen (Zucherman et al 2004). Furthermore, since there is a perception that insertive anal sex is less risky than receptive anal sex, this may result in men engaging in more sex acts as the insertive partner, which in fact may place them at increased risk (Vittinghoff et al 1999).

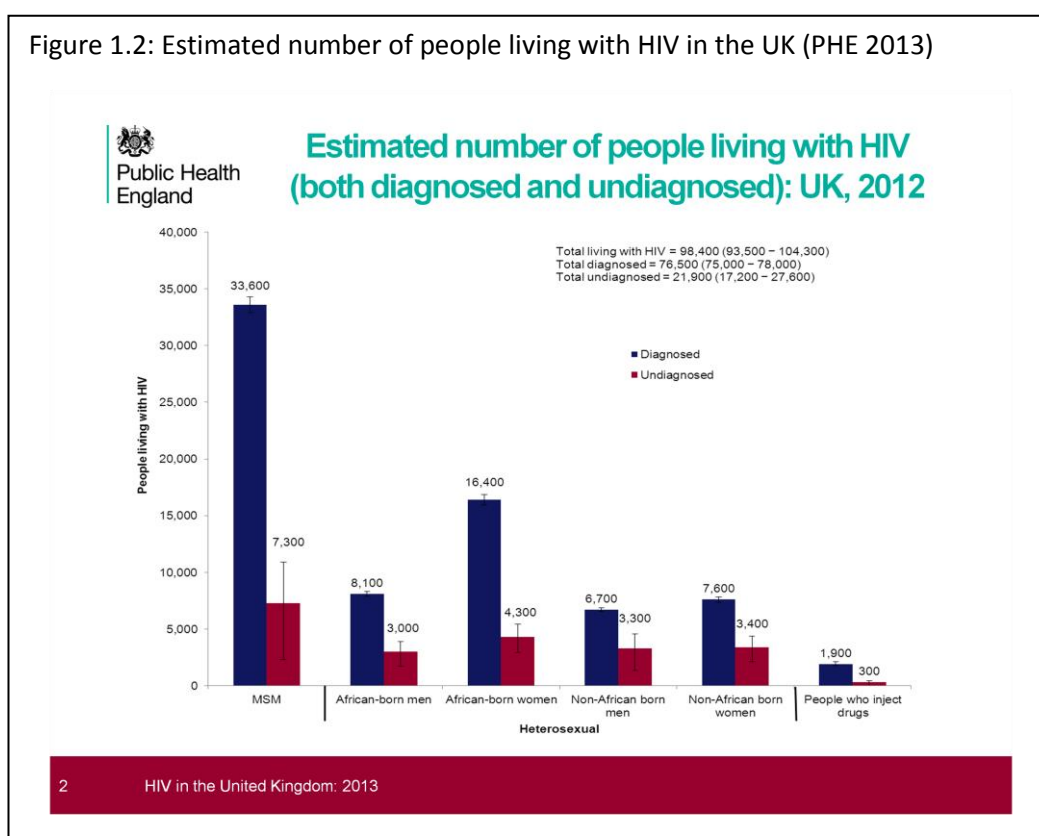
1.2.9 THE PREVALENCE OF HIV AND OTHER STI'S AMONG MSM

In addition to the factors associated with HIV transmission discussed above, one other important variable in the transmission of HIV and other STIs is their overall prevalence within the population. The next three figures (1.1 to 1.3) describe the key elements relating to the epidemiology of HIV, and in particular that which pertains to MSM in the UK. The overall UK trend in new HIV diagnoses is downwards, as are annual new AIDS diagnoses and HIV-related deaths (Figure 1.1; PHE 2013).



1.2.9.1 THE PREVALENCE OF HIV AMONG MSM

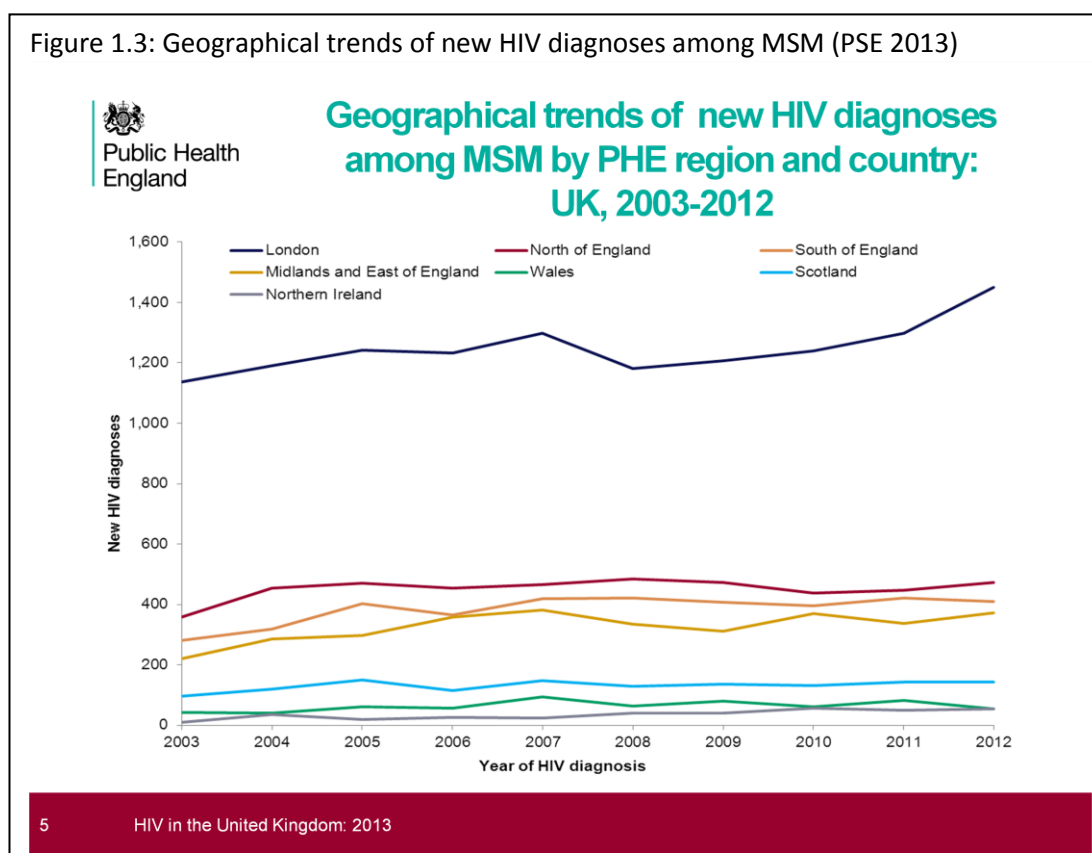
Despite an overall decline in new HIV diagnoses, AIDS diagnoses and HIV-related deaths in the UK (Figure 1.1 PHE 2013), MSM remain disproportionately affected by HIV (Figure 1.2; PHE 2013). There are an estimated 98,400 people living with HIV in the UK, with an overall prevalence of 1.5 per 1,000 population and of these approximately 21,900 are unaware of the diagnosis (PHE 2013). In Europe, the number of new HIV diagnoses among MSM increased by 42% between 2004 and 2010 (EMIS 2013), while in the UK new HIV diagnoses in 2011 among MSM surpassed heterosexual diagnoses (HPA 2012). In 2012, 3250 MSM were diagnosed with HIV, which was the highest number ever (PHE 2013), and accounted for 51% of the total number of HIV diagnosis⁸. Although it has been previously argued that these increases in diagnoses reflect increased testing rather than increases in risk behaviours (Dougan et al 2007), the PHE suggest that increased testing only accounts for some of the trend, and that the figures indicate ongoing high levels of HIV transmission among MSM (PHE 2013). In addition, the numbers of MSM living with HIV in the UK is estimated to be 41,000 at the present time, 18% of whom are thought to be unaware of their diagnosis (PHE 2013). HIV among MSM in the UK is also becoming an older epidemic, as the average age at diagnosis is was 34-years, and 1:9 men were diagnosed over 50-years.



⁸ Overall prevalence of HIV based on 3.4% of the adult male population being MSM

The number of MSM living with HIV in the UK is not evenly distributed across the country, with London appearing to be the epicentre for the HIV epidemic. There is both a concentration of new HIV diagnoses in the capital (Figure 1.3, PHE 2013), as well as a larger prevalence of HIV among MSM. In 2012, 1450 MSM were diagnosed with HIV in London, an increase of 14% on the previous year; the nearest area with a significant concentration was the PHE region of the North of England where 470 MSM were diagnosed. The overall HIV prevalence among MSM in the UK is 1 in 20, but the prevalence is 1:12 in London and 1:34 elsewhere in the UK (PHE 2013). This means that MSM in the capital are more likely to encounter HIV-positive partners, diagnosed or otherwise, than anywhere else in the country.

Figure 1.3: Geographical trends of new HIV diagnoses among MSM (PSE 2013)

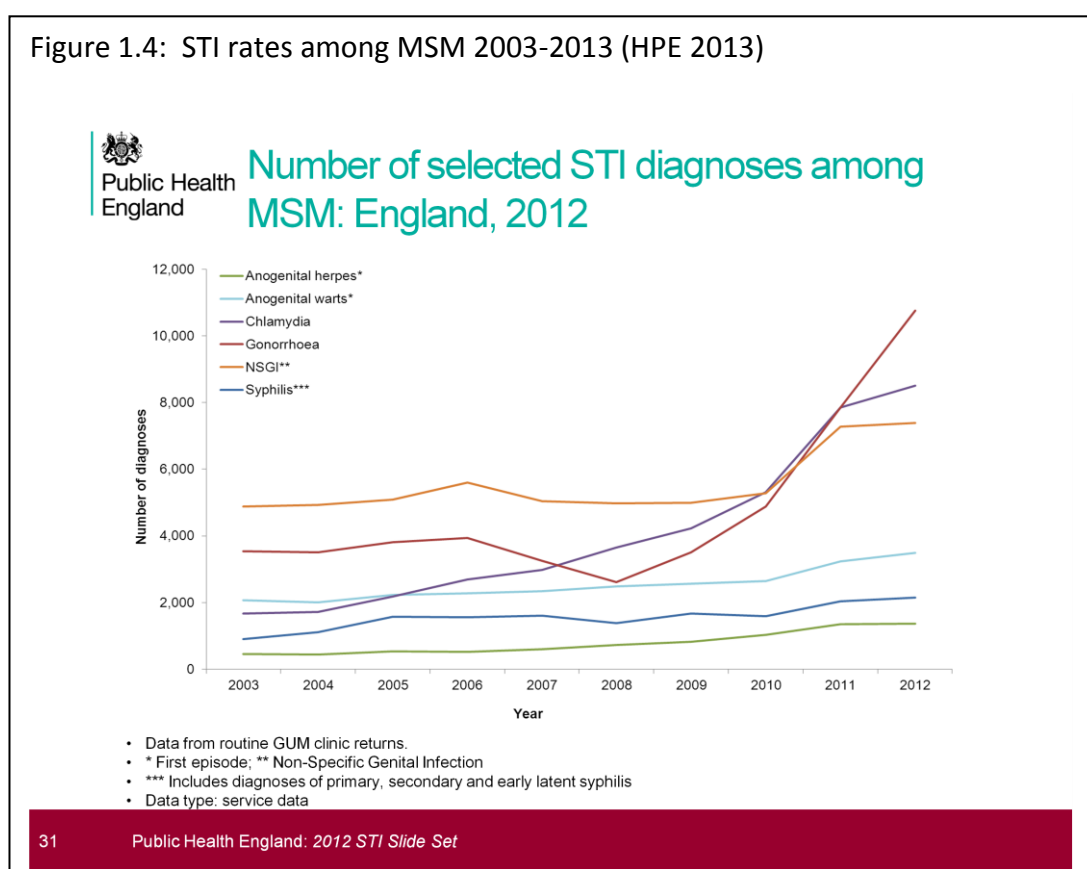


1.2.9.2 THE PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AMONG MSM

Among MSM, in addition to the increasing rates of HIV diagnosis since the late 1990s, diagnoses of STI have also continued to rise (Figure 1.4: PHE 2013). Over the past ten years there have been increases across all STI diagnoses. Furthermore, there has been a resurgence of syphilis and Lymphogranuloma Venereum (LGV) among MSM (HPA 2009; Hart & Elford 2010). More specifically there was a twelvefold increase in syphilis between 1997 and 2007, with gay men accounting for 73% of infectious syphilis and 99% of LGV

diagnoses (HPA 2009). These increases in STIs are of concern, as previously discussed infection with an STI increases the likelihood of HIV transmission, especially those that cause genital ulcers such as syphilis, genital herpes and LGV. These make HIV-negative men particularly vulnerable to HIV which is demonstrated by the fact that in 2012 29% of MSM newly diagnosed with HIV also had a concomitant STI (PHE 2013). Also of note is the dramatic increase in the diagnoses of gonorrhoea. Gonorrhoea is not only associated with the transmission of HIV (Bernstein et al 2010), but it is also used as a marker for high-risk behaviours (Young, Manavi & McMillan 2003; HPA 2012⁹). These increases therefore, correlate with the finding that barebacking behaviours are on the increase among MSM.

Figure 1.4: STI rates among MSM 2003-2013 (HPE 2013)



Both the HIV and STI data are suggestive of a disproportionate burden of disease on MSM, particularly in London. As evidenced by the increases in gonorrhoea diagnoses and the increases in HIV diagnoses, there appears to be ongoing and increasing engagement in bareback sex. The overall risk to health is compounded by the increased rates of STIs in the MSM population, as this increases the likelihood of HIV transmission during discordant barebacking encounters. These discordant encounters are more likely to take place in

⁹ <http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/Page/1272031707222> accessed (10/12/13)

London where HIV prevalence is 1:12. Furthermore, almost 20% of these men will be unaware of their HIV-positive status and so will presume that they are HIV-negative. Consistent with claims presented in the literature, these figures support the notion that those undiagnosed with HIV contribute disproportionately to the transmission of HIV (Miller et al 2010; PHE 2013). For example, a study by MacKellar et al in 2006 found that of the MSM who disclosed to sexual partners that they were HIV-negative but subsequently tested HIV-positive almost half (49%) had engaged in condomless sex.

1.2.10 HIV: A PUBLIC HEALTH PRIORITY

Despite advances in treatment, HIV remains a serious disease. HIV has been described as creating “personal tragedies” (Erkstrand et al 1999), and as the numbers of MSM acquiring and being diagnosed with HIV continue to rise, so does the impact on individuals, families and friends. In the past ten years there have been 5549¹⁰ HIV related deaths in the UK (and, as earlier noted, two of these individuals were close personal friends of mine), In addition to creating personal tragedies, HIV also remains a serious public health priority. It is estimated that preventing just one onward transmission could save the NHS £0.5 – 1 million over the lifetime of an individual in terms of treatment and associated healthcare costs (Kuyper et al 2005). There is also the HPA (2011) estimate that preventing the 4000 probable UK-acquired infections in 2008 would have reduced future healthcare costs by more than £1.9 billion (Jaffe, Valdiserri & De Cock 2007).

As evidenced by the most recent PHE figures, the number of MSM acquiring and being diagnosed with HIV continues to rise and is the highest it has ever been, placing an ever greater, but preventable, demand on already overstretched resources in the NHS. This is a concern because HIV could be considered a result of a ‘behaviour choice’ and with current financial pressures on the NHS and the rationing of services; such a perception may affect how MSM who acquire HIV are treated. This makes the prevention of HIV infection both a public health and financial priority in the UK¹¹.

¹⁰ Figures taken from HPA and the House of Commons (<http://www.nhshistory.net/aidsdata.pdf>)

¹¹ Dr Valerie Delpech, head of HIV surveillance at the HPA, <http://www.hpa.org.uk/NewsCentre/NationalPressReleases/2011PressReleases/110323UKacquiredHIVnearlydoubles/> accessed 23/03/2011

1.3 SECTION TWO: A REVIEW OF THE LITERATURE

In section one I presented the background to the study, the origins of the research, and the history of and evolving usage of the term barebacking. In addition, I provided an overview of HIV, including the transmission of HIV between MSM and the prevalence of barebacking, HIV and other STIs. In this next section, I consider the relevant literature. Since the beginning of the HIV pandemic, the sexual behaviour of gay men has been the focus of much research undertaken on gay men. The present study is concerned with the experiences of men who have engaged in bareback sex and so I therefore turn to the qualitative literature to examine those studies which have examined the phenomenon of bareback sex in particular and have sought to understand the experiences of men who engage in condomless anal sex with men. The aim of this literature review is twofold. First, it is to ascertain what other qualitative researchers have discovered in relation to barebacking. Second, it is to synthesize the key themes from these studies and identify gaps in the existent understanding of men's experiences, with the ultimate aim of locating this present study's significance.

1.3.1 THE SEARCH STRATEGY

I undertook a search of the Cochrane data base on October 2 2013 to ascertain if any systematic reviews of the phenomenon already exist. The numbers in brackets indicate findings according to the following search terms: barebacking (0), unprotected sex (35), condomless sex (0), risky sex (3), unsafe sex (11), safer sex (18), anal sex (18), high-risk sex (3), sexual behaviour (44), behavior (0)¹². A total of 89 systematic reviews were identified on this particular search. After further screening, five were found to pertain specifically to barebacking behaviours. All five of these reviews related to HIV prevention evaluation, which included PrEP, computer/internet-based behavioural interventions, structural and community level interventions, and behavioural interventions among MSM.

Using the EBSCO host platform, I then undertook a comprehensive search of the following eleven databases using the key search terms shown in Table 1.1: Academic Search Complete, CINAHL, E-Journals, Gender Studies, Health and Psychosocial instruments, Health

Table 1.1: The search terms

bareback* condom* high-risk risk*sexual behavio* UAI unprotected unsafe *truncation
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¹² The American spelling

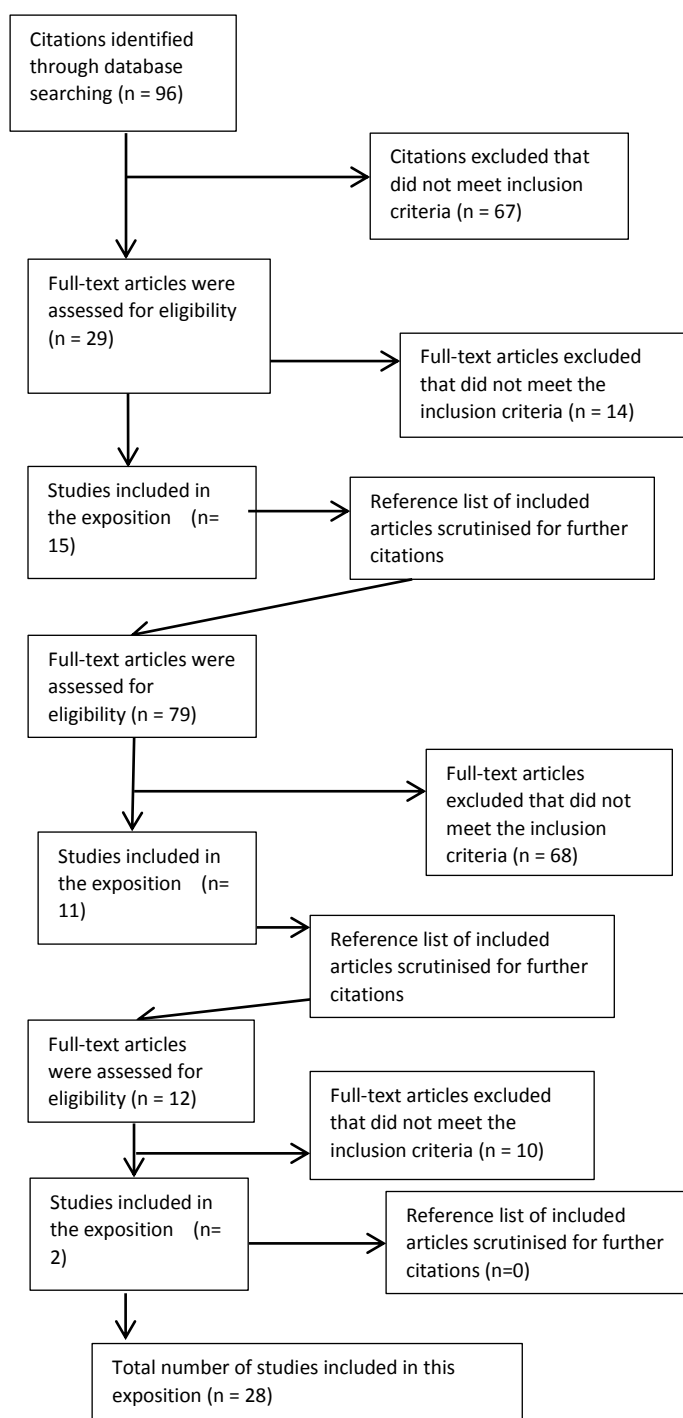
Policy Reference Centre, MEDLINE, PsycARTICLES, Psychology and Behavioural Sciences Collection, PsychINFO and SociINDEX.

A total of 948,146 citations were identified. Additional limits of the search were as follows: scholarly articles written between 1981 and 2014 (330,009); published in academic journals (323,030); whose participants were male (60,592); using qualitative research methodology (1435); that were examining sexual behaviour (160); and whose subjects were male homosexuals (96). A total of 96 citations were identified in this preliminary search. Figure 1.5, below, provides a schematic representation of the search and screening process.

Following a level of screening appraisal using the inclusion and exclusion criteria presented in Table 1.2, below, 67 studies were excluded for a variety of reasons. These included the following: MSM not being the population studied (45); the focus of the study not being bareback sex (17); or having a quantitative methodology (5). The remaining 29 articles were considered, and following in-depth reading of the articles 14 were rejected because the focus of the study was not barebacking. The references of the remaining 15 articles that were to be included in the present review were then scrutinised to identify other potential studies for the review. Of the 79 citations identified, a further 11 articles were selected. The reference list of these further 11 studies were also checked and a further 12 citations were identified, of which two articles were included in the present review. The references of these final two articles identified no new studies.

Table 1.2: The inclusion / exclusion criteria	
Inclusion criteria	Exclusion criteria
• Male • Adults • Men who have sex with men • Written in English • Empirical • Qualitative methodology • Focus of study barebacking • Studies whose participants were HIV-negative, unknown status or of mixed HIV statuses	• Female • Children or adolescence • Heterosexual • Not written in English • Theoretical or opinion pieces • Quantitative, mixed methodology or systematic reviews • Studies whose primary focus was not barebacking • Studies whose samples were exclusively HIV-positive

Figure 1.5: A schematic representation of the search and screening process



No.	Author	Study design	Study sample	HIV Status	Location	Title of paper
1	Adam (2005)	In depth interviews	102 high risk gay and bisexual men	Mixed	Toronto, Canada	Constructing the neoliberal sexual actor: responsibility and care of self in the discourse of barebackers
2	Adam et al (2005)	In depth interviews	102 high risk gay and bisexual men	Mixed	Toronto, Canada	AIDS optimism, condom fatigue, of self-esteem? Explaining unsafe sex among gay and bisexual men
3	Adams & Neville (2009)	Interviews / thematic analysis	22 MSM (30-39 years)	Not stated	Auckland, New Zealand	Men who have sex with men account for nonuse of condoms
4	Adam, Sears & Schellenberg (2000)	Semi-structured interviews	102 High-risk gay and bisexual men	Mixed	Toronto, Canada	Accounting of unsafe sex: interviews with men who have sex with men
5	Aguinaldo & Myers (2008)	Qualitative interviews	27 MSM	Not stated	Canada	A discursive approach to disinhibition theory: The normalisation of unsafe sex among gay men
6	Braine et al (2011)	Semi-structured interviews	60 racially diverse MSM	Mixed	New York City, USA	Sexual contexts and the process of risk reduction
7	Brown & Maycock (2005)	In depth qualitative interviews	25 gay, bisexual queer men	Mixed	Perth, Australia	Different spaces, same faces: Perth gay men's experiences of sexuality, risk and HIV
8	Carballo-Dieguez (2001)	Interviews	4 barebackers	Mixed	USA	HIV, barebacking, and gay men's sexuality, circa 2001
9	Crossley (2002)	In depth interviews and focus group	23 gay men (interview); 7 (focus group)	Not stated	UK	The perils of health promotion and the 'barebacking' backlash
10	Davis (2002)	In depth interviews	16 gay men (mid 20's to late 40's)	Mixed	London, UK	HIV prevention rationalities and serostatus in the risk narratives of gay men
11	Davis et al (2006a)	Qualitative interviews	128 MSM (20-66 years)	Mixed	London, UK	E-dating, identity and HIV prevention: theorising sexualities, risk and network society
12	Fernandez-Davila & Lorca (2011)	Grounded Theory Approach	31 men (19-46 years)	Mixed	Madrid, Barcelona, Bilbao, San Sebastian, Spain	Trust and sexual interaction: the significance of the internet on the sex life and sexual risk behaviors of gay and bisexual men in Spain
13	Flowers et al (1997)	In depth interviews: IPA	22 MSM (19-45 years)	Not stated	South Yorkshire, UK	Health and romance: understanding unprotected sex in relationships between gay men
14	Halkitis et al (2008)	Life history interviews: IPA	12 HIV-negative men (18-29 years) Mixed status	HIV-N	USA	Facilitators of barebacking among emergent adult gay and bisexual men: implications for HIV prevention.
15	Holmes & Warner (2005)	Semi-ductive in depth interviews	18 barebackers from five European & North American cities	Not stated	Europe & North America	The anatomy of a forbidden desire: men, penetration and semen exchange
16	Holmes et al (2008)	Ethnography Content analysis In depth interviews	25 MSM (22-54 years) 3 Canadian cities	Mixed	Canada	Bareback sex: a conflation of risk and masculinity

17	Hubach, DiStefano & Wood(2012)	Grounded Theory	22 MSM (18-29 years)	HIV-N	Southern California, USA	Understanding the influence of loneliness on HIV risk behavior in young men who have sex with men
18	Li et al (2010)	Qualitative interviews & ethnographic observations	17 MSM (18 years and above)	Not stated	Guangzhou, China	Sociocultural facilitators and barriers to condom use during anal sex among men who have sex with men in Guangzhou, China: an ethnographic study
19	Ma et al (2013)	In depth interviews and focus groups	54 MSM interviewed and 52 MSM focus groups	Mixed	China -2 municipalities	HIV risk perception among men who have sex with men in two municipalities of China – implications for education and intervention
20	McInnes, Bradley & Prestage (2011)	Interviews	16 Australian men	Not stated	Australia	Responsibility, risk and negotiation in the discourse of gay men's group sex
21	Meyer & Champion (2008)	Phenomenological study	5 Latino MSM (18-25 years)	Not stated	USA	Motivators of HIV risk-taking behaviour of young gay Latino men
22	Natale (2009)	Qualitative rapid ethnographic study: interviews (30) & focus groups (64)	94 MSM	Mixed	Denver, USA	Denver MSM sociostructural factors: preliminary findings of perceived HIV risk
23	O'Byrne & Holmes (2011)	Ethnography	17 MSM who attend Gay circuit parties	Not stated	Canada	Desire, drug use and unsafe sex: a qualitative examination of gay men who attend gay circuit parties
24	Peterson et al (2003)	Semi-structured interviews	75 African-American men (18-28 years)	Not stated	Atlanta and Chicago, USA	Perceptions of condom use among African American men who have sex with men
25	Remien, Carballo-Dieguez & Wagner (1995)	Focus groups	15 serodiscordant couples	Mixed	USA	Intimacy and sexual risk behaviour in serodiscordant male couples
26	Ridge (2004)	Modified grounded theory. In depth interviews	24 same-sex attracted men (19-36 years)	Not stated	Australia	'It was an Incredible Thrill': The social meanings and dynamics of younger gay men's experiences of barebacking in Melbourne
27	Schilder et al (2008)	Interviews	24 MSM	Mixed	Canada	'It's like a treasure': beliefs associated with semen among young HIV-positive and HIV-negative gay men
28	Strong et al (2005)	Qualitative Interviews	34 MSM; 51 Heterosexual men	HIV-N	USA	The impact of sexual arousal on sexual risk-taking: a qualitative study

1.3.2 A DESCRIPTION OF THE STUDIES

A total of twenty eight empirical qualitative studies were identified and selected for inclusion in this review. Table 1.3 summarises the existing qualitative literature pertaining to bareback sex since 1981. The studies predominately took place in the United States (9) and Canada (7), while the rest originated in the U.K. (4), Australia (3), China (2), New Zealand (1), Spain (1) and Europe & North America. Two papers (Adam 2005; Adam et al 2005) were based on the same dataset, but since each paper contributed a different perspective to the experiences of men who engage in bareback sex both were included. Most studies had participants of mixed HIV status, eleven failed to report the HIV status of their participants, and three focused solely on HIV-negative men. The majority of studies did not state their methodology except to say that they were undertaking interviews¹³ (15) or combined interviews and focus groups (3), or focus groups alone (1). When the methodologies were described by the authors, they included ethnographic analysis (4), ground theory (3), and Interpretative Phenomenological Analysis (2) or phenomenology (1). Researchers were from a range of disciplinary backgrounds: clinical psychology or psychology (7), nursing (4), sociology & anthropology, or sociology (4), public health (2), media & cultural studies (1), health promotion (1), epidemiology (1), humanities (1), social work (1), HIV (1) and sexology (1).

1.3.3 A DISCUSSION OF THE FINDINGS OF THESE STUDIES

The studies selected for review identified a range of factors associated with men's experiences of engaging in condomless anal sex. These factors have been arranged thematically in the discussion that follows, with a total of eight themes that are presented in order of the frequency of their mention in the literature.

1.3.3.1 THEME 1: THE MANAGEMENT OF RISK

The most common theme in the literature review, featuring in twenty of the twenty-eight studies in this exposition, was how men who engage in bareback sex manage the risk associated with condomless anal sex. The studies revealed that men (including young men) who engage in bareback sex generally did so with the knowledge of the risks associated with the behaviour and the avoidance of HIV transmission continued to remain a priority (Peterson et al 2003; Adam 2005 ; Halkitis et al 2008; Holmes et al

¹³ in-depth, qualitative, semi-structured or semi-constructive

2008). That said, Hubach, DiStefano & Wood (2012) found that some young men did not perceive HIV to be a threat, while Ma et al (2013) and Fernandez-Davila & Lorca (2011) noted that other men perceived HIV not to be common or statistically likely. In addition, several authors (Adam 2005; Halkitis et al 2008; McInnes, Bradley & Prestage 2011) argued that barebackers work within a particular moral framework which underpins the layered negotiations and decision to bareback. In this framework, the participants adopt the neoliberal notions that individuals are informed, autonomous and responsible adults who are able to consent to bareback sex.

It appears that rather than being pre-planned, the decision to bareback for many was often part of a dynamic process of risk assessment (Maycock & Brown 2005; Braine et al 2011). Men who barebacked were reflective about their risks and many experienced an internal dialogue during a barebacking encounter (Carballo-Diequez, 2001; Davis 2002; Adam et al 2005; Brown & Maycock 2005; Strong et al 2005) that involved emotions, meanings, the desire to bareback and the desire for safer sex (Ridge 2004; Halkitis et al 2008). This risk assessment and, ultimately, the final decision to bareback was shaped by the dynamics of the interpersonal relationship, the actions of the person's sexual partner and the with assumptions standardly made about the partner's presumed HIV status (Carballo-Diequez, 2001; Peterson et al 2003; Ridge 2004; Adam et al 2005; Braine et al 2011). This on-going process resulted in the adaptation of sexual practices throughout the encounter, and the decision to bareback (or not) could change, with the final decision to bareback (or not) often being made in the heat of the moment (Peterson et al 2003; Ridge 2004; Brown & Maycock 2005 ; Adam et al 2005; Halkitis et al 2008; Adams & Neville 2009; Braine et al 2011).

Although some researchers found that the disclosure of HIV status was common within their study populations (Adam 2005; Adam et al 2005), verbal negotiations were comparatively rare (as discussed later in Theme 5). Men found it impolite or awkward to discuss HIV (Natale 2009) and given that prospective partners were not asked about their HIV status (Halkitis et al 2008) men relied on nonverbal modes of sharing information (Adam, Sears & Schellenberg 2000; Adam 2005; Holmes et al 2008; Braine et al 2011; Fernandez-Davila & Lorca 2011). Some individuals relied on the use of 'technological spaces', such as internet dating profiles or other communication, to share information prior to the encounter (Braine et al 2011) while others based their assessment of risk on assumptions made about their partners.

These assumptions were informed by several factors, including feelings of trust and familiarity which could be developed through technological space as well as during the dynamic negotiations of a sexual encounter (Peterson et al 2003; Brown & Maycock 2005; Holmes et al 2008; Fernandez-Davila & Lorca 2011; Ma et al 2013). In addition to familiarity and trust, social and physical characteristics were also used as the basis of assumptions regarding HIV status (Adam, Sears & Schellenberg 2000). One such characteristic was age, which was taken into account with both younger and older men, the assumption being that both are less sexually active than others (Adam, Sears & Schellenberg 2000; Adam et al 2005; Halkitis et al 2008; Ma et al 2013). Further social and physical considerations included men who were considered for whatever reasons as being heterosexual (Adam, Sears & Schellenberg 2000; Adam et al 2005), healthy looking (Halkitis et al 2008; Holmes et al 2008; Adams & Neville 2009; Ma et al 2013) or 'clean' (Fernandez-Davila & Lorca 2011), as well as a partner's occupation (Adams & Neville 2009), their attractiveness (Ma et al 2013), their sexual inexperience (Ma et al 2013; Fernandez-Davila & Lorca 2011) or even their willingness to engage in bareback sex (Adam 2005; Braine et al 2011). All could be read as indicators of a prospective partner's HIV status. Therefore, the manner in which individuals presented themselves was a key element of the interaction preceding sex, with individuals wanting to project an image that was congruent with being low risk (Ridge 2004; Fernandez-Davila & Lorca 2011).

When approaching a sexual encounter, however, both HIV-positive and HIV-negative men assumed sero-concordance (Adam, Sears & Schellenberg 2000; Adam 2005; Adam et al 2005). Previous HIV prevention messages promoted individual responsibility and encouraged the assumption that all prospective partners are HIV-positive, which underpins the assumptions made by HIV-positive men who use it as a justification for bareback sex. Willingness to bareback was often taken as ipso facto evidence that an individual has HIV (Adam 2005), while, conversely, HIV-negative men, armed with the assumption that those living with HIV have a moral responsibility to declare this information prior to barebacking, assumed that the willingness of a partner to engage in bareback sex meant that an individual was HIV-negative (Adam 2005; Braine et al 2011). Both of these sets of assumptions could thus result in sero-discordant sex and resultant HIV transmission (Adam et al 2005).

In an attempt to make their engagement in bareback sex safer, individuals would actively internalise sophisticated levels of HIV knowledge into a framework of

self-protective strategies that were specific to them (Adam, Sears & Schellenberg 2000; Carballo-Diequez, 2001; Crossley 2002; Ridge 2004; Brown & Maycock 2005; Holmes et al 2008; Hubach, DiStefano & Wood 2012). These strategies were sometimes explicitly communicated and negotiated prior to any personal encounter, such as through the use of technological spaces, while others evolved during the sexual encounter (Braine et al 2011). Individuals were aware of the risk differentials of engaging in bareback sex as a top as opposed to a bottom (Adam, Sears & Schellenberg 2000; Braine et al 2011; Ma et al 2013), with being top considered less risky (Adam, Sears & Schellenberg 2000; Brown & Maycock 2005; Adam et al 2005; Holmes et al 2008; Adams & Neville 2009; Ma et al 2013; Braine et al 2011). As a result, some would be willing to engage in bareback sex as a top, but would insist on the use of condoms as a bottom (Holmes et al 2008).

In addition to adopting the insertive position during bareback sex, individuals used a range of risk-reduction strategies. For example, seeking seroconcordant partners was one such strategy (Holmes et al 2008), although Davis (2002) pointed out that due to the HIV window period and on-going engagement in bareback sex, the HIV status of an HIV-negative gay man who engages in bareback sex is in a continuous state of flux. Other strategies included coitus interruptus (the avoidance of internal ejaculation) (Adam, Sears & Schellenberg 2000; Adam et al 2005; Halkitis et al 2008; Holmes et al 2008; Adams & Neville 2009; Braine et al 2011), limiting numbers of barebacking partners (Holmes et al 2008), pre-anal preparation (Holmes et al 2008), cleaning after sex (Ma et al 2013) and personal awareness (e.g. of integrity of skin) (Holmes et al 2008). And for those men who were aware that their barebacking partner was serodiscordant, strategies to reduce the risk of HIV transmission included no internal ejaculation, strategic positioning (Remien, Carballo-Diequez & Wargner 1995) and awareness of viral loads (Schilder et al 2008).

1.3.3.2 THEME 2: THE MEANINGS MEN ASCRIBE TO BAREBACK SEX

Eighteen studies presented findings that pertained to meanings that men ascribed to bareback sex. Ridge (2004) argued that the meanings that underpin both anal sex between men and barebacking tend to be conceptualised, emotionally based, multiple, layered and constructed in and through sexual practice. These meanings could be both interpersonal and psychological, and related primarily to the symbolic nature of barebacking (Crossley 2002; Holmes & Warner 2005). For example,

individuals could ascribe meanings to the act of bareback sex itself, the significance of semen exchange, a sexual partner, or the sexual encounter itself (Ridge 2004; Holmes & Warner 2005). Some encounters may be more significant than others, such as those involving a special emotional connection (see Theme 3, Barebacking in Romantic Relationships) or a highly desirable partner, and as such barebacking could be considered romantic even if it occurred during a casual encounter (Ridge 2004). For men in relationships, these meanings could be relational, having to do with love and connection.

I return to the topic of men in romantic relationships in a later section, Theme 3. For the present time, I continue with the discussion of Theme 2, the meanings that men ascribe to bareback sex. With regard to this topic, four overarching subthemes emerged, these being pleasure, semen, masculinity and transgression, which I will now discuss in turn.

1.3.3.2.1 PLEASURE

Eight studies identified that pleasure was a key feature and central to men's experiences of barebacking. While experiencing sensory pleasure may not in itself be meaningful, what men found pleasurable in a barebacking experience could be. Pleasure itself could be either psychological or physiological (Li et al 2010) and was derived from different elements of the bareback experience. Penetration and the exchange of semen modulated the pleasure of barebacking (Holmes & Warner 2005). Pleasure was described in the literature in two ways: first, that anal sex without condoms felt better or was more pleasurable than anal sex with condoms (Crossley 2002; Halkitis et al 2008; Adams & Neville 2009) and, second, that condoms in some way interfere with the experience of pleasure when used for anal sex (Davis 2002; Peterson et al 2003; Adam et al 2005). Therefore, pleasure associated with bareback sex was invariably presented as relational to the condom. For the men in six of the 28 studies, condoms were perceived primarily as a barrier. Condoms were either a barrier to pleasure, or interfered with pleasure (Davis 2002; Peterson et al 2003; Adam et al 2005). Additionally, they obstructed intimacy, and physical and emotional connection, as they created distance from a sexual partner (Crossley 2002; Davis 2002; Li et al 2010). Bareback sex was also reported as feeling more 'authentic' and 'real' while sex with a condom was considered second rate (Crossley 2002; Davis 2002; Halkitis et al 2008; Li et al 2010). Adam et al (2005), however, noted that for men who engaged in

bareback sex as a bottom, anal sex felt the same whether the condom was present or not.

1.3.3.2.2 SEMEN

One of the problems men reported with using condoms is that they interfered with exchange of semen. Semen and the exchange of semen was one of the potent elements of both meaning and pleasure and were explored in five of the studies (Flowers et al 1997; Adam et al 2005; Holmes & Warner 2005; Schilder et al 2008; Adams & Neville 2009). Semen plays a crucial role in the social construction of sexuality (Schilder et al 2008) and was reported as having a symbolic masculine function (Holmes & Warner 2005). Semen itself was reported to be pleasurable, erotic and symbolic, especially when exchanged (Adam et al 2005; Holmes & Warner 2005; Schilder et al 2008; Adams & Neville 2009). Men desired their partner's semen, especially when in a romantic relationship, and in fact such semen exchange was neither accidental nor a by-product of bareback sex but was often the main reason for engaging in the behaviour (Holmes & Warner 2005; Schilder et al 2008). Semen was symbolic of a partner; therefore its exchange embodied the sharing of selves, was a reflection of intimacy, and was associated with connectedness and kinship (Flowers et al 1997; Holmes & Warner 2005; Schilder et al 2008). In addition, Schilder et al (2008) and Adams & Neville (2009) identified in their studies that certain individuals drew parallels with reproduction. As they noted, this view reflects how dominant heteronormative meanings inform gay men's perception of semen.

1.3.3.2.3 MASCULINITY

Barebacking was also linked to conceptions of masculinity in six studies. Barebacking was described as 'masculine', 'aggressive' and 'hot', thereby tying barebacking to "constructions and performances of masculinity" (Carballo-Diequez, 2001; Holmes et al 2005: 189). For many, barebacking was considered to be the pinnacle of sex (Adam et al 2005; Schilder et al 2008). For example, some expressed the notion that 'real men aren't afraid to take risks' (Holmes et al 2005) or asserted that machismo motivated Latino men to engage in risk behaviours, while, conversely, condoms were perceived as being less manly (Meyer & Champion 2008). Ridge (2004), however, noted that although receptive anal sex and receiving semen could be considered feminising by some, for many of his participants it was not only considered masculine but receiving a partner's semen could actually boost a man's feelings of masculinity.

1.3.3.2.4 *TRANSGRESSION*

Finally, HIV accentuated the symbolic nature of barebacking. With the advent of the HIV epidemic, semen exchange (Flowers et al 1997) and engaging in bareback sex, especially with casual partners, was considered forbidden and a symbolic act of transgression and rebellion (Carballo-Diequez 2001; Crossley 2002; Ridge 2004; Halkitis et al 2008; Meyer & Champion 2008; Adams & Neville 2009). This sense of transgression contributed to barebacking being considered exciting, risqué, exhilarating and thrilling. It was because of this that it was associated with sensation seeking, risk taking and sexual adventurism, especially if it culminated in the exchange of semen (Holmes & Warner 2005; Halkitis et al 2008; Meyer & Champion 2008; Adams & Neville 2009).

1.3.3.3 **THEME 3: BAREBACKING IN ROMANTIC RELATIONSHIPS**

Men who have sex with men (MSM) are less likely to use condoms with romantic partners than with casual partners (Peterson et al 2003; Adam et al 2005), making it one of the most frequent contexts in which MSM are most likely to engage in bareback sex. Bareback sex with romantic partners, however, conveys different meanings to the participants than sex with casual partners (Flowers et al 1997). This aspect of the barebacking phenomenon received distinct attention in the literature, with fourteen of the studies in the exposition addressing it. Notably, though, this particular theme overlaps with other themes in this exposition, especially in relation to the meanings that men ascribe to bareback sex.

As a romantic relationship develops and becomes more intense, the use of condoms becomes less important and the commencement of bareback sex is viewed as a relationship milestone (Remien, Carballo-Diequez & Wagner 1995; Flowers et al 1997; Adam, Sears & Schellenberg 2000; Adam et al 2005). For some, even the anticipation that a romantic relationship is a possibility motivates some men to dispense with condoms (Adam et al 2005). The non-use of condoms in romantic relationships is hugely symbolic and bareback sex takes on several significant meanings (Flowers et al 1997; Adam, Sears & Schellenberg 2000; Ridge 2004). To begin with, the physical act of joining two people through penetration is itself symbolic of a commitment and the absence of a condom increases its symbolism because of the shared associated risk of HIV transmission (Flowers et al 1997). It is the ultimate representation of a declaration of love, as it shows a privileging of the relationship

through trust in the partner in relation to sexual risk, and also in the emotional investment and commitment in the relationship (Flowers et al 1997; Adam, Sears & Schellenberg 2000; Ridge 2004; Brown & Maycock 2005; Halkitis et al 2008; Adams & Neville 2009; Li et al 2010). In addition, within a romantic relationship, bareback sex facilitates emotional connection and conveys physical and psychological intimacy with sexual partners (Flowers et al 1997; Adam, Sears & Schellenberg 2000; Strong et al 2005; Brown & Maycock 2005; Halkitis et al 2008; Hubach, DiStefano & Wood 2012). This can increase sexual intensity, improving both the quality and satisfaction of sex within a romantic relationship (Remien, Carballo-Diequez & Wagner 1995; Halkitis et al 2008).

If bareback sex is symbolic in romantic relationships, then so is the condom. As demonstrated through discussion of the previous theme, internal ejaculation is hugely symbolic (Halkitis et al 2008); semen is a representation of a partner and its exchange embodies the sharing of selves (Flowers et al 1997). Therefore, condoms become a symbolic barrier that can depersonalise a relationship, inhibit connection, interfere with love, and prevent individuals becoming one (Flowers et al 1997; Holmes & Warner 2005; Halkitis et al 2008; Li et al 2010). In addition, their reintroduction into a relationship where bareback sex was the norm can be difficult as they are also symbolic of distrust and infidelity (Adam, Sears & Schellenberg 2000; Adam et al 2005). The symbolism associated with both bareback sex and condoms means that men in discordant romantic relationships also engage in bareback sex; however, men in such relationships employ coitus interruptus and/or strategic positioning to reduce the likelihood of HIV transmission (Adam, Sears & Schellenberg 2000; Brown & Maycock 2005).

A key area in relation to barebacking in relationships is the use of condomless sex within the relationship as a risk-reduction strategy. Adam, Sears & Schellenberg (2000) found that the application of this strategy within a relationship is complicated and challenging; however, men who engage in barebacking within a relationship generally test for HIV and are able to develop agreements that include safer sex with casual partners or even monogamy. Yet although men in romantic relationships tend to be less worried about contracting HIV (Adam, Sears & Schellenberg 2000), the meanings that men ascribe to barebacking in relationships can be associated with assumptions of sero-concordance and expectations of monogamy, which may be

inaccurate and place individuals at risk of HIV transmission (Adam, Sears & Schellenberg 2000; Adam et al 2005).

1.3.3.4 THEME 4: THE NEGOTIATION OF BAREBACK SEX

Of the studies included in the exposition, thirteen made reference to the negotiation of bareback sex. There are obvious overlaps with the previous theme, for example, how the spaces in which individuals connect for bareback sex intersect with the filtering of partners, the building of familiarity and trust, and the effect of substance use on decision-making. There was acknowledgement in the literature that some condomless sex could be the result of erectile problems, or could occur inadvertently during semi-conscious sleep, or non-consensually with condoms being removed covertly, or some individuals could be pressured into having bareback sex (Adam, Sears & Schellenberg 2000; Ridge 2004; Adam 2005; Adam et al 2005; Adams & Nevile 2009). The negotiation of bareback sex, however, is a complicated process. Outside of romantic relationships, verbal communication was observed to be rare (Ridge 2004; Braine et al 2005; McInnes, Bradley & Prestage 2011; Hubach, DiStefano & Wood 2012). Yet despite communication between partners occurring ostensibly in silence, individuals nevertheless felt that bareback sex was negotiated through shared meanings and 'action-perception links' such as manoeuvring or positioning, with silence assumed to equal consent (Crossley 2002; Ridge 2004; Holmes et al 2008; Halkitis et al 2008; McInnes, Bradley & Prestage 2011). Accordingly, McInnes, Bradley & Prestage (2011) argued that negotiation could be considered as being simultaneously present and absent during sexual encounters. Owing to a lack of explicit verbal communication during sexual encounters, individuals appear to follow pre-conceived ground rules and sexual scripts (Crossley 2002; Brown & Maycock 2005). For example, aggression and dominance could be ritualised and seen as a celebration of masculinity (Carballo-Diequez, 2001; Crossley 2002; Ridge 2004; Holmes et al 2005) and passivity considered 'hot' by both partners (McInnes, Bradley & Prestage 2011). However, although power is often attributed to the anally insertive partner, with the anally receptive partner perceived as 'passive', the dichotomies of active/passive are not necessarily an accurate reflection of the underlying processes taking place (Ridge 2004; McInnes, Bradley & Prestage 2011). Two papers (Ridge 2004; McInnes, Bradley & Prestage 2011) suggested that there are different kinds of agency, including within passivity, and that at times the receptive partner can have more power than the insertive partner. This scenario thereby offers a rather intricate picture of responsibility, risk and negotiation.

1.3.3.5 THEME 5: SUBSTANCE USE AND BAREBACK SEX

The use of drugs and alcohol (substance use) and bareback sex was the subject of twelve of the 28 studies. Substance use was a common feature of many men's barebacking experiences (Adam et al 2005; Adams & Neville 2009; Adam, Sears & Schellenberg 2000; Aguinaldo & Myers 2008; Braine et al 2011; Halkitis et al 2008; Hubach, DiStefano & Wood 2012 ; Meyer & Champion 2008; Natale 2009; Peterson et al 2003; Strong et al 2005; O'Byrne & Holmes 2011). However, it was noted by Paterson et al (2003) that the link between substance use and, in particular, alcohol use may merely reflect their widespread practice, rather than a specific association. To begin with, it was noted in the literature that substances were consumed for a variety of reasons: (1) as a social lubricant (Natale 2009); (2) to enhance sex and maximise sexual experiences (Halkitis et al 2008; Natale 2009; O'Byrne & Holmes 2011); (3) as a self-treatment for negative affective states including low self-esteem, loneliness, or internalised stigma (e.g. internalised racism, internalised homophobia); or (4) to escape from reality (Peterson et al 2003; Adam et al 2005; Halkitis et al 2008; Adams & Neville 2009; Natale 2009). Furthermore, different substances were used dependent on partner type, with alcohol more likely to be used with romantic partners and crystal methamphetamine more likely to be used with casual partners (Braine et al 2011). It was also reported that younger gay men were more likely to engage in bareback sex as a bottom when using crystal methamphetamine or when feeling lonely (Hubach, DiStefano & Wood 2012).

The traditional disinhibitory effect of substance use, which in some way hindered an individual's judgement and resulted in bareback sex, was discussed by a number of authors (Adam, Sears & Schellenberg 2000; Paterson et al 2003; Adam et al 2005; Halkitis et al 2008; Adams & Neville 2009; Natale 2009). Disinhibition theory, however, was challenged in several other papers. Aguinaldo & Myers (2008) argued that disinhibition theory itself contributes to the normalisation of barebacking as it is often used as a way to minimise an individual's accountability. When individuals explain their barebacking behaviour, they often generalise about the difficulties of adhering to safer-sex practices when intoxicated (Aguinaldo & Myers 2008). This excusatory function provides a convenient mechanism to negate personal responsibility, and both legitimise and excuse an individual's engagement in bareback sex (Adam, Sears & Schellenberg 2000; Aguinaldo & Myers 2008). O'Byrne & Holmes

(2011) also provided a counter-narrative to the disinhibition theory by suggesting that substance use doesn't 'create' or 'produce' bareback sex, but rather allows for pre-existing desires, such as the desire to engage in condomless sex, to occur. The concept that desire precedes substance use was also observed by others (Braine et al 2011). Braine et al (2011) suggested that an individual's desire influenced the sexual context that an individual pursued, including among other things the use of drugs. Substances could be used to overcome physical obstacles, such as the discomfort associated with receptive anal sex, or psychological obstacles, such as self-imposed limitations to pre-existing desires. As such, it could be seen as facilitative, serving as a tool to achieve specific actions, rather than being causative (O'Byrne & Holmes 2011). O'Byrne & Holmes (2011) went on to assert that an individual's underlying principles remain unchanged when using substances; therefore, individuals are able to regulate their behaviour whilst under the influence, which again weakens the notion of disinhibition (O'Byrne & Holmes 2011).

1.3.3.6 THEME 6: AFFECTIVE STATES AND BAREBACK SEX

Of the 28 studies included in this exposition, 11 explored affective states (i.e. the experiencing of emotions, moods and feelings) in relation to bareback sex. There was a general assertion that men experiencing negative affective states were more likely to engage in bareback sex (Adam et al 2005; Adam, Sears & Schellenberg 2000), especially men experiencing low self-esteem (Adam et al 2005; Adam & Neville 2005; Adam, Sears & Schellenberg 2000; Carballo-Diequez, 2001; Halkitis et al 2008) and loneliness (Hubach, DiStefano & Wood 2012). Sex, and in particular bareback sex, was used instrumentally by individuals to address emotional needs or ameliorate negative affective states (Adam, Sears & Schellenberg 2000; Ridge 2004; Halkitis et al 2008), often in conjunction with substance use (Natale 2009). Adam & Neville (2009) observed that the seeking of emotional or social connection with others through bareback sex often overrode engagement in sex with a condom (Adam & Neville 2009). The consequence of this relationship between negative affective state (with or without substance use) and bareback sex, however, could lead to what Hubach, DiStefano & Wood (2012) described as an "iterative cycle of loneliness". Individuals experience feelings of loneliness and, in turn, they desire emotional or social connectedness. They then seek bareback sex (and substance use), which relieves their symptoms temporarily, before the re-emergence of initial loneliness returns and the cycle begins again.

These negative affective states could be the result of recent or on-going stressful life events, such as relationship problems or relationship break-ups (Adams et al 2005; Li et al 2010), being a recovering alcoholic (Adam, Sears & Schellenberg 2000), having a fatalistic outlook, or considering that HIV was inevitable (Adam, Sears & Schellenberg 2000; Carballo-Diequez, 2001; Halkitis et al 2008; Natale 2009). For Black and Latino MSM, not accepting one's sexuality or experiencing feelings of objectification, exclusion or internalised racism were also associated with risk behaviours (Peterson et al 2003; Meyer & Champion 2008; Natale 2009). In addition to these on-going stressors, it was also asserted that engaging in risky behaviour was the sometimes the product of previous life events such as being sexually abused as a child (Adam, Sears & Schellenberg 2000).

While most of the studies focused on what could be considered negative human emotions, with some even conceptualising those who engaged in bareback sex as being self-destructive or self-hating (Adam, Sears & Schellenberg 2000; Carballo-Diequez, 2001), one study by Strong et al (2005) alternatively explored the issue of sexual arousal. They purport that when sexually aroused individuals are more likely to engage in risk-taking behaviours. Decisions to engage in condomless anal sex were often made in the heat of the moment, so, rather than the risk disappearing, they note that the risk simply becomes less important (Strong et al 2005). In addition, like negative affective states, there appears to be an intersection between sexual arousal and intoxication (Strong et al 2005).

1.3.3.7 THEME 7: THE SPACES WHERE INDIVIDUALS CONNECT WITH PARTNERS

The spaces where individuals connect with partners (i.e. how and where individuals meet their sexual partners and where the bareback sex occurs) was the focus of nine of the 28 studies. Despite bareback sex happening "pretty much everywhere" (Holmes et al 2008: 179), the context in which individuals connect with potential barebacking partners can influence several aspects of a sexual encounter. The spaces where individuals connected with prospective partners could be technological spaces such as internet dating websites or physical spaces such as sex venues, bars or clubs (Braine et al 2011; Fernandez-Davila & Lorca 2011; Hubach, DiStefano & Wood 2012). These two types of space were distinctly different, and these differences not only shaped the type of sexual partner an individual would make contact with but also helped define the type of encounter. More specifically, they helped define the type of sexual

practices individuals would engage in, which resulted in different sexual experiences (Brown & Maycock 2005; Braine et al 2011; Fernandez-Davila & Lorca 2011). For example, technological spaces equipped individuals with information to filter potential partners (Brown & Maycock 2005) so that they could meet those who shared similar desires such as bareback sex and drug use.

Secondly, the space where individuals connect affects expectations and sets the parameters for communication, negotiation and sexual decision-making, including the management of sexual risk (Brown & Maycock 2005; Davies et al 2006; Li et al 2010; Fernandez-Davila & Lorca 2011; McInnes, Bradley Prestage 2011; Braine et al 2011). Physical spaces were typically environments in which verbal communication is uncommon and men relayed on non-verbal modes of communication (McInnes, Bradley & Prestage 2011). By comparison, a central component of technological spaces was that individuals have greater control over the construction, presentation and marketing of themselves (Brown & Maycock 2005; Davis et al 2006; Fernandez-Davila & Lorca 2011). This presentation of the self allows for the information contained in an individual's profile to be used in the selection of a prospective barebacking partner. Assumptions are made about prospective partners (e.g. HIV status) and the type of sexual activities that are likely to be engaged in (including bareback sex), which enables filtering of potential partners (Brown & Maycock 2005; Davies et al 2006; Fernandez-Davila & Lorca 2011). Paradoxically, men who advertise as barebackers are often avoided, as they are considered risky, while with men who state that they only engage in safer sex are more sought after, due to the expectation that when they meet face-to-face condoms can be forgone (Halkitis et al 2008). Furthermore, the dynamic process involved when using technological spaces allows for protective factors such as disclosure of HIV status or negotiation of sex to occur simultaneously with the development of familiarity and the building of trust (Brown & Maycock 2005; Fernandez-Davila & Lorca 2011; Braine et al 2011). This interpersonal communication, however, has the potential to intensify the sexual dynamic between partners and for many can result in bareback sex (Fernandez-Davila & Lorca 2011).

Finally the space where individuals connect is often constructed as either a 'space of danger' or a 'space of safety' that can contribute to an individual's perceptions of potential risk and subsequent engagement in barebacking behaviours

(Holmes et al 2008; Fernandez-Davila & Lorca 2011; Braine et al 2011; Ma et al 2013). Both the internet and saunas were considered spaces of danger (Holmes et al 2008; Fernandez-Davila & Lorca 2011) and were associated with being high-risk for HIV, while bareback sex that occurred outside the sauna setting was considered less risky (Holmes et al 2008). By comparison, and as demonstrated earlier, technological spaces could also be considered as spaces of safety that enable the management of sexual risk (Brown & Maycock 2005; Fernandez-Davila & Lorca 2011; Braine et al 2011).

1.3.3.8 THEME 8: PARTNER ATTRIBUTES AND BAREBACK SEX

The final theme discussed in six papers was partner attributes and bareback sex. Perhaps unsurprisingly, the most prominent finding was that individuals were more inclined to engage in bareback sex with partners they considered being more attractive than themselves, which is known as 'relational attractiveness' (Carballo-Diequez, 2001; Adam et al 2005; Strong et al 2005). Relational attractiveness was linked to low self-esteem (Adam et al 2005), with older men more likely to engage in bareback sex with partners they considered more attractive due to limited sexual opportunities (Natale 2009). As previously discussed, the partner type can shape other aspects of the sexual encounter, for example, whether substances would be used (Braine et al 2011). In addition, there were two further ways in which partner attributes were linked to bareback sex. The first was that men who engaged in certain sexual practices such as fisting were more inclined to also engage in bareback sex (Davis et al 2006). Secondly, Black MSM were sought due to their perceived sexual skill, penis size and sexual role, in accordance with sexual stereotypes. This selection, however, served to objectify individuals and this objectification was associated with risk behaviours (Natale 2009).

1.4 THE LOCATION OF THIS STUDY WITHIN THE EXISTING LITERATURE

Having considered the literature, there are three points which I would like to return to in order to help locate this present study within the existent literature: (1) the thorny issue of HIV; (2) sexual position; and (3) the interconnectedness of factors associated with bareback sex.

1.4.1 THE THORNY ISSUE OF HIV

The literature relating to the sexual behaviour of gay men is a result of researchers attempting to understand behaviours that place gay men at greatest risk of acquiring or transmitting HIV. Transmission of HIV requires discordant sex to occur, yet one factor that is overlooked in much of the literature is the issue of HIV status itself. For example, the majority of the studies either failed to differentiate or did not explicitly state the HIV status of their participants. Only three of the studies stipulated the HIV status of their participants, selecting only men who were HIV-negative or of unknown HIV status. While there are of course factors that are pertinent to men who bareback regardless of their HIV status, this lack of attention to HIV statuses in the literature is problematic as there are major differences in the behaviour of individuals engaging in bareback sex according to whether they are HIV-positive or HIV-negative.

First, gay men engage in different patterns of sexual behaviour dependent on their HIV status (Davis 2002). Meta-analysis of existing research-based evidence suggests that HIV-positive men are more likely to engage in bareback sex than their HIV-negative counterparts, with rates of bareback sex among HIV-positive men estimated to be over 40% (Van Kesteren, Hospers & Kok 2007; Crepaz et al 2009). Furthermore, HIV status also affects the type of partner an individual will bareback with, as HIV-positive men are more likely to engage in bareback sex with casual rather than regular partners (Crepaz et al 2009). Conversely, HIV-negative men are more like to bareback in relationships, have more sex in general, engage in more receptive anal sex, and semen exchange is more likely to occur in their sexual encounters (Jin et al 2009; Sullivan et al 2009a). Also, when engaging in casual bareback sex, HIV-positive men appear to engage in more receptive anal sex and HIV-negative men appear to engage in more insertive anal sex, presumably to reduce the risk of HIV transmission (Dosekun & Fox 2009).

In addition, although bareback sex has possible negative health consequences for all gay men regardless of HIV status (Halkitis & Parsons 2003) men have different conceptions of risk based on their HIV status (Davis 2002). Even though HIV-positive men who bareback place themselves at risk of acquiring resistant strains of HIV, also known as 'super-infections'¹⁴, as well as other sexually transmitted infections (Van Kesteren, Hospers & Kok 2007; Crepez et al 2009), men living with HIV cannot become HIV positive from

¹⁴ The notion of super-infection is controversial and is contested by some (Smith, Richman & Little 2005).

engaging in bareback sex, whereas HIV-negative men can. For HIV-positive men, then, there is a lesser sense of urgency associated with condom use, with HIV-positive men feeling that since they are already infected they have nothing to lose (Davis 2002: 288; Adam 2005). The situation is very different for HIV-negative men, however, who are generally described in the literature as not wanting to acquire HIV, yet remain under constant threat of transmission every time they engage in bareback sex. Even men who consider themselves protected by negotiated safety are at risk of HIV, as relationships continue to be a significant source of HIV transmission for gay men (Sullivan et al 2009).

It is clear that gay men face inequalities and different challenges when they engage in bareback sex dependent on their HIV status (Davis 2002; Wolitski 2005; Holmes et al 2008). Based on this observation, I suggest that HIV status is an important consideration in attempting to understand the phenomenon of barebacking. It is because of the relative lack of differentiation that HIV status receives in the literature and HIV-negative gay men's continuing vulnerability to HIV that I am particularly interested in the barebacking experiences of men who are HIV-negative or are of unknown HIV status.

1.4.2 THE TOP AND BOTTOM OF SEXUAL POSITION

My second consideration is in relation to sexual position, which to date has received scant attention in the barebacking literature. The literature in the present review is fairly representative of the wider barebacking literature in that, with the exception of men stating that having insertive anal sex is less risky for HIV transmission, gay men tend to remain undifferentiated in relation to sexual position and condomless sex. Yet, the sexual position that an individual adopts during a barebacking encounter is important for several reasons.

To begin with, there are of course obvious differences in transmission risk associated with sexual position. Among male partners, the risk of HIV transmission occurring during a discordant sexual encounter is dependent on a variety of factors, including the infectiousness of the HIV-positive partner or co-existent sexually transmitted infections, but receptive anal sex remains the highest risk behaviour for acquiring HIV for an HIV-negative individual compared to all other sexual practices (Caceres & Van Griensven 1994; Vittinghoff et al 1999; Dosekun & Fox 2010; Baggaley, White & Boily 2010; Fox & Fidler 2010). Sexual positions are also significant for more than just HIV risk differentials and represent more than proclivities for anal sex since they are also imbued with socially

constructed meaning (Moskowitz, Rieger & Roloff 2008; Hoppe 2011). There is a small body of literature outside the exposition that has specifically examined sexual position (although not necessarily in relation to barebacking) which also warrants consideration.

It has been noted that among gay men the use of self-labels is common to define the two positions associated with anal sexual activity, and for many these labels are viewed as important aspects of their sexual identity (Zheng, Hart & Zheng 2012; Wei & Raymond 2011; Moskowitz, Rieger & Roloff 2008). Colloquially, the insertive partner is known as the 'top' or 'active' partner, while the receptive partners are known as the 'bottom' or 'passive' partner, with the a further term, 'versatile', used for those who engage in both sexual positions (Moskowitz, Rieger & Roloff 2008; Zheng, Hart & Zheng 2012). In the UK, it is estimated that 55.7% of MSM are versatile, 18% are exclusively top and 14.9% exclusively bottom (Sigma 2008). However, while there appears to be a correlation between tops and bottoms in relation to both anal sex and other sexual practices (Zheng, Hart & Zheng 2012; Wegsin & Meyer-Bahlburg 2008; Moskowitz, Rieger & Roloff 2008; Hart et al 2003), some men do engage in anal sexual practices outside their label (Templeton et al 2009a; Templeton et al 2009b; Templeton, Millet & Grulich 2010; Jameson et al 2010; Hart et al 2003). Another important consideration is that there appear to be regional and international variations (Zheng, Hart & Zheng 2012; Wei & Raymond 2011; Wiysonge et al 2011; Grov, Parsons & Bambi 2010; Moskowitz, Rieger & Roloff 2008; Wegsin & Meyer-Bahlburg 2000; Moskowitz & Roloff 2007b; Gil 2007; Hart et al 2003), which suggests that sexual positions are subject to cultural influences.

For example, sexual stereotypes standardly cast black men as tops (Wei & Fisher 2011), and this type of sexual objectification is associated with bareback sex (Peterson et al 2003; Meyer & Champion 2008; Natale 2009). Tops are also more likely to report having a larger penis size and being more masculine than bottoms (Moskowitz & Hart 2011; Drummond & Filiault 2007), suggesting that there is an association between the top position and connotations of masculinity, power and social status (Grov, Parsons & Bimbi 2010). While it is unclear if having above average penis size is associated with engaging in bareback sex as top (Moskowitz & Hart 2011; Grov, Wells & Parsons 2012), men with larger penises are more likely to report issues with condoms (Grov, Parsons & Bimbi 2010; Grov, Wells & Parsons 2012). Furthermore, tops not only have greater control over condom use, but may be less inclined to use them due to the risk differentials (Flores et al 2009; Hoppe

2011). Finally, engaging in bareback sex as a top was associated with situation-specific substance use (including Viagra) and optimism for the future (Jacobs et al 2010).

For men engaging in anal sex as a bottom, there appear to be several social-cultural factors associated with barebacking. While the bottom role does not seem to have any relation to the decision to engage bareback sex or its frequency, the bottom role is associated with having below-average penis size, femininity, being less masculine and certain power differentials, with bottoms perceived to have lower social status than tops (Wegesin & Mayer-Bahlburg 2000; Hart et al 2003; Grov, Parsons & Bimbi 2010; Moskowitz & Hart 2011). Factors that are thought to be associated with barebacking as a bottom include internalised homophobia in older men (Jacobs et al 2010), situation-specific substance use, in particular methamphetamine and alcohol use (Rusch et al 2004), or being less educated (Wei & Fisher 2011). In addition, bottoms are more likely to be HIV-positive, perhaps reflecting the adoption of sero-adaptive behaviours or the increased incidence of erectile dysfunction in men living with HIV (Wegesin & Meyer-Bahlburg 2000; Wei & Fisher 2011; Scanavino 2011). Sexual position may therefore be another important consideration in attempting to explore the phenomenon of barebacking, yet, like HIV status, it too has received scant attention in the literature. It is because of its potential sociocultural significance in men's barebacking experiences that I am particularly interested in examining barebacking through the analytical lens of sexual position.

1.4.3 THE INTERCONNECTEDNESS OF FACTORS ASSOCIATED WITH BAREBACK SEX

Returning to the essence of the quotation from Shernoff (2006a) that started this chapter, my final consideration is in relation to the interconnectedness of factors associated with bareback sex. The review of the current literature highlighted that the factors associated with bareback sex coalesced around a number of themes. In this last part of this chapter, I synthesize some of the key factors identified in the review of the literature which appear to be interconnected. To begin with, sexual acts such as barebacking are often considered the endpoint of the process in which decisions are made, and these decisions can then be targeted in HIV prevention (Flowers et al 1997). The decision to bareback, however, appears to be part of an on-going process based on risk assessments rather than a premeditated process. This process begins before the encounter and continues through the encounter, and continues even after penetration (Braine et al 2011), and with men's sexual desires interacting with and propelling their decisions (McInnes, Bradley & Prestage 2011).

There is also an interrelationship between partner type and the nature of a relationship (interpersonal factors) that, combined with experiences, perspectives and sense of risk (intrapsychic factors) and the meaning ascribed to the space where sex occurs (contextual factors), form the symbolic meanings brought to the situation, assessment of the situation, interaction and meaning change (Brown & Maycock 2005). Strategies to reduce sexual risk were the result of the intersection between communication, assumptions/knowledge, sexual practices and sexual desires (Braine et al 2011). Thus, the negotiation of bareback sex was a complex process of meaning-making, risk assessment and action, in which tensions exist between men's desire for barebacking and the management of risk (Brown & Maycock 2005; McInnes, Bradley & Prestage 2011).

In addition, bareback sex is often a means to an end of achieving other goals. It can be used instrumentally to address particular needs, symbolically representing intangible notions such as love, trust and commitment (Flowers et al 1997; Ridge 2004; Holmes & Warner 2005). Returning to the issue of desire, there also appears to be an intersection between desire, pleasureable bareback sex and substance use. While substance use does not directly lead to men engaging in bareback sex (Carballo-Dieiguez, 2001; Race 2009), desire precedes substance use and substance use is facilitative of bareback sex (O'Byrne & Holmes 2011). The circuitry of desire at work within bareback sex (Holmes & Warner 2005) and the meanings that individuals ascribe to bareback sex interrelate to their perceptions of sexual role, relationships and eroticism.

Once again considering risk, there is also a complicated relationship between technologies and how these intersect with meeting and/or selecting partners, as well as the management of risk across different spaces. Individuals make contact with prospective partners via the internet, and communication between the two individuals continues through to meeting up and ultimately the sex itself. During this time, men utilise various strategies such as 'serosorting' based on this communication to make their sex safer (Davis et al 2006b). Furthermore, through the use of profiles the internet enables individuals to construct identities that support and give credence to their sexual performances (Davis et al 2006b). As a result, bareback sex appears to be part of a dynamic process of multiple interconnected factors, which would suggest that rather than focusing on a specific element of act, as much of the literature to date has done, deeper understanding will only be achieved through taking a step back and viewing bareback sex as just one part of an on-

going, dynamic process. Yet, none of the studies reviewed in this section have attempted to approach the topic holistically in the spirit of Shernoff (2006).

It is with these three points in mind that I arrive at the aims and objectives of the present study. The focus of the present research will be on a population of HIV-negative and unknown status men who engage in condomless anal sex with men. Referring back to Shernoff (2006a), I will develop greater knowledge of the experiences of men who bareback by examining their experiences holistically.. By holistically, I mean examine their barebacking experiences in their entirety, considering the context, the act and the meaning associated with it, rather than adopt an individualistic focus on only certain specific elements. This approach will allow me to explore the complexity and interaction between the different elements involved in a barebacking encounter. In addition to holism, I will examine the phenomenon of barebacking through the analytical lens of sexual position. Finally, it is my intention to conduct all aspects of this research from a psychological position that does not seek to pathologise gay men for engaging in bareback sex, and to involve gay men as much as possible in the design and recruitment of the research.

1.5 AIMS AND OBJECTIVES

1.5.1 AIMS

Through an examination of the experiences of HIV-negative and unknown status men who engage in condomless anal sex with men, this study aims to develop a holistic understanding of the phenomenon of barebacking and to specifically explore the significance of sexual position within barebacking encounters.

1.5.2 OBJECTIVES

1. To undertake an Interpretative Phenomenological Analysis (IPA) of the personally unique perspectives of gay men who have engaged in bareback sex;
2. To consider the constellation of factors associated with barebacking experiences, drawing from psycho-social-cultural perspectives
3. To explore the influence of sexual position and resultant barebacking behaviour amongst gay men
4. To critically consider how the study's findings could inform future HIV prevention practices.

1.6 CONCLUSION

In this chapter I have presented different conceptualisations of barebacking from different perspectives, as the foregrounding of the phenomenon that I will be examining in this thesis. This preliminary examination of the topic has shown that rather than being a static and stable concept, barebacking is conceptually unstable, leading to multiple meanings, and is (inter)dependent on when it is used, where it is used, who is using it, and for what purpose. I have also analysed the peer-reviewed qualitative literature pertaining to bareback sex, mapping out the findings from the existent research across eight key themes and demonstrating that there are many factors associated with bareback sex. I concluded this chapter by considering the three main weaknesses identified in the relevant literature. First, participants remain largely undifferentiated in the literature despite the fact that men of different HIV statuses engage in different patterns of barebacking behaviours. Second, because of its socio-cultural significance, sexual position may be an important consideration in attempting to understand the phenomenon, yet has been previously overlooked in the literature. Lastly, barebacking is the result of multiple interconnected factors, with associated perspectives that continue to evolve, and it is only by examining men's experiences holistically, and with a view to how the various elements interact, that a deeper understanding of the phenomenon can be achieved. Having established the gap in the existent literature in this chapter, I will move on to a description of the design and procedures utilised in the study in the second chapter.

CHAPTER TWO

METHOD AND METHODOLOGY

2.1 INTRODUCTION

As outlined in the previous chapter, the aim of this thesis is two-fold. By studying a population of HIV-negative and unknown status gay men in London, I intend to (a) develop a holistic understanding of the phenomenon of barebacking and (b) explore barebacking and sexual position. The purpose of this chapter is to consider the method and methodological framework used to collect and analyse the data in order to realise these two goals. Pivotal to achieving these aims was the requirement to understand the participants and their experiences of bareback sex, within each of their own specific contexts. Therefore, an approach was needed which allowed the examination of the participant within their own personal context, which is why I chose Interpretative Phenomenological Analysis (IPA).

This chapter is comprised of two sections. The first section covers methodological considerations and addresses the theoretical and philosophical background that influenced the methodology used in this study. For example, I will discuss the philosophical underpinnings of IPA and how these influenced the data collection and analysis. The second section is concerned with the procedural aspects of conducting the research.

IPA offers an appropriate framework for this study for several reasons. First, IPA draws on the tradition of symbolic interactionism (Brocki & Wearden 2006) which is of particular importance to the present study as participants' experiences of bareback sex are shaped by the meanings that they ascribe to barebacking. Heidegger argues that as humans we are inextricably linked to the world around us (Larkin, Watts & Clifton 2006), while Merleau-Ponty proposed that our bodies are not just objects in the world but are the means by which we are able to communicate with it (Smith, Flowers & Larkin 2009). As such, our perceptions are shaped by our relationships with the world around us and in particular our interactions with others (Blumer, 1969). It is because of this uniquely shaped perception of the world that a phenomenon needs to be examined in the context in which it occurs.

A second reason why IPA is appropriate for the present study is because its ideographic focus, coupled with its phenomenological description (Smith, Flowers & Larkin 2009), is particularly useful in illuminating the phenomenon of barebacking. This aim is achieved through the detailed exploration of how participants make sense of their subjective experiences of engaging in bareback sex, whilst firmly locating the participant within their psycho-social landscape. These experiences however are unique to the participants because of their personal worldview; therefore as researchers we can only understand them through a process of interpretation (Smith, Flowers & Larkin 2009). So a third reason for using IPA has to do with IPA's commitment to interpretation, which provides an opportunity for the discovery of new insights beyond the account given by the participant, and which allows for the exploration of the intricacies and meanings of sexual interactions. Finally, it is through the understanding of the particular individual's experiences of barebacking that we can begin to develop a broader and deeper understanding of the whole, which Smith, Flowers & Larkin (2009) describe as the hermeneutic circle. These concepts are discussed in more detail in Section 2.2, below

In addition to selecting an appropriate approach to data collection, it was important for me as a researcher to involve members of the study population in the development and promotion of the study. This was key for the following three reasons. First, involvement by members of the study population can improve the quality of the research. Second, involving members of the study population would potentially enhance recruitment. Third, involvement of the study population improves transparency and accountability, as participants and communities can be affected by research both through the participant's experiences and the findings produced (Platzer & James 1997; Stanley 2009). Therefore, as much as was practically possible within the confines of the doctoral programme and my development as a researcher, I endeavoured to engage with MSM as collaborative participants in the research process.

2.2 METHODOLOGICAL CONSIDERATIONS

While it is possible to undertake empathic, context-specific, quantitative research, qualitative approaches like IPA are better suited to achieving these aims (Yardley 2000). This study has undertaken an IPA of the topics of sexual role and barebacking, with data drawn from thirteen HIV-negative gay men living in London. IPA is an experiential and experiential qualitative approach, the aim of which is a detailed exploration of how people make sense of their subjective experiences (Smith, Flowers & Larkin 2009). Smith & Osborn

(2003) argue that it can be of particular use when dealing with the complex. And Willig (2001) proposes that while it has been associated with grounded theory by some, its uniqueness comes from its theoretical grounding in the data and the fact that it is concerned with individual experiences instead of social processes. IPA consists of two main elements. First, it represents an epistemological position and, second, it offers a set of guidelines for conducting research (Smith 2004). Each of these elements will now be considered in turn.

2.2.1 EPISTEMOLOGICAL POSITION

IPA is a relatively novel research method that was developed by Jonathan Smith and originates from the academic discipline of psychology (Smith 2004). Despite being relatively novel, its theoretical underpinnings have a much older heritage (Smith, Flowers & Larkin 2009). IPA doesn't exist in isolation but instead draws on a number of related approaches, incorporating the traditions of phenomenology and symbolic interactionism, which allows for the participants' experiences to be explored in the context of their social landscape (Jargman, Walsh & De Lacey 2005; Fade 2004; Brocki & Wearden 2006). According to Smith, Flowers & Larkin 2009), it is "characterised by the uniqueness of everyday experiences" and grounded in "realist ontology" (Flowers et al 1997).

Smith, Flowers & Larkin (2009: 5) warn against "methodolatory" (the glorification of method), however having a sound grounding in the philosophical underpinnings of IPA is as important as the procedural aspects of the study as being able to demonstrate methodological competence is essential in ensuring quality (Yardley 2000; Smith, Flowers & Larkin 2009; Dowling & Cooney 2012). The theoretical underpinnings enable the researcher to produce "consistent, sophisticated and nuanced analysis" and "solve unanticipated problems" should they arise (Smith, Flowers & Larkin 2009:5-6). It would therefore be prudent to explore some of the key theoretical underpinnings of this approach, in particular, those of phenomenology, hermeneutics and ideography.

2.2.2 PHENOMENOLOGY

Phenomenology is not only a research methodology but also a western philosophy, which is concerned with consciousness and with understanding the meanings of the lived experience (Giorgi 1997; Pratt 2012: 14; Smith, Flowers & Larkin 2009). There are a number of schools of phenomenology. These include edetic, which has been influenced by the work of Hurssel, hermeneutics, which has been influenced by the work of Heidegger and

Gadamar, and the Dutch school, which draws on the work of van Manen (Smith 2004; Cohen & Omery 1994 cited by Dowling & Cooney 2012). IPA coalesces certain elements from the work of a number of phenomenological theorists including Hurssel, Heidegger, Merleau-Ponty and Sartre (these primary authors referenced in Smith, Flowers & Larkin 2009). Despite the first three of these theorists holding similar views (Dowling & Cooney 2012), each contributed a particular theoretical perspective that underpins the epistemology of IPA.

Although Giorgi (1997) suggests there are ambiguities regarding his interpretation of phenomenology, Hurssel set the agenda for the “attentive and systematic examination” of the lived experience (Smith 2004). Hurssel’s major contribution to IPA epistemology is at the descriptive level of analysis, as he was very much concerned with the idiographic lived experience (Smith 2004). He also contributed the concept of ‘bracketing’, also known as ‘phenomenological reduction’ (Pratt 2012; Dowling & Coney 2012). Bracketing is a process through which researchers reflexively identify and restrain their preconceived ideas about the phenomenon under examination (Dowling & Cooney, 2012). There are a number of criticisms levied at Hursselian phenomenology including some inherent problems with the concept of ‘bracketing’ (which are discussed below) and post-modernists argue that as an approach it is too objective in nature (Dowling & Cooney, 2012).

Phenomenology according to Heidegger built on the work of Hurssel, although there his works has some differences. Heidegger was concerned with the process of understanding the experience (i.e. meaning) and because of this wanted to move beyond description to interpretation (Smith, Flower & Larkin, 2009; Dowling & Cooney, 2012). He proposed that as humans we are inextricably linked to the world around us, which in turn is also fundamentally part of us which is known as *person-in-context* (Larkin, Watts & Clifton, 2006; Dowling & Cooney, 2012). Heidegger argues that human existence is relational to the objects that exist in the world, and it is this intersubjectiveness that affects how individuals communicate and make sense of each other. It is because of this; he proposes that it is impossible to remove ourselves from the world around us and, for this reason, rejected bracketing (Larkin, Watts & Clifton 2006; Dowling & Cooney 2012). Despite his rejection of the concept of bracketing, however, Heidegger maintained that the researcher’s beliefs are essential in the sense-making process and moreover that reflectivity becomes a tool in facilitating this (Fade 2004). Therefore, if bracketing is not realistic, as a researcher it is

important to at least acknowledge preconceptions in order to facilitate engagement with the narrative and deeper levels of interpretation (Smith, Flowers & Larkin 2009).

While Heidegger suggested that as humans we are inextricably linked to the world, Merleau-Ponty proposed that our body is not just an object in the world but is how we communicate with it (primary authors referenced in Smith, Flowers & Larkin 2009). This is important for IPA because our understanding of the world comes from a position of difference from the understanding of others; consequently, as a researcher we can never fully understand the unique experiences of our participants because their own relationship to the world is personal to them (Smith, Flowers & Larkin 2009). Merleau-Ponty also claims that because of this situation we are coming from a point of difference when we describe something; we, by necessity, have to interpret it and therefore cannot separate description from interpretation (Dowling & Cooney 2012).

Sartre's contribution to IPA is that he proposed that as humans our perceptions are shaped by our relationships to others. He also asserted that as subjects we are not waiting to be discovered as a pre-existing unit but are in a perpetual process of becoming. This process means that as humans we have agency; that is, we have free choice and are therefore responsible for our actions. Although Smith, Flowers & Larkin (2009) argue "...these are complex issues, which need to be seen within the context of the life, their biographical history and the social climate in which they act" (Smith, Flowers & Larkin 2009 :20). This means that while on the surface the human subject appears to have free will; their actual perception will be influenced by life experiences and the context in which they are experiencing the phenomenon.

Importantly for this study, this means that this approach (IPA) therefore is concerned with the lived experience. As a researcher, I can never fully understand the experience of the participants in this study because their relationship with the world is unique. While the participants do have a level of agency, it is only to a certain extent, as their agency is affected by many factors, including their previous life experiences. Their understanding of their experiences is influenced by their relationship to others, and therefore needs to be examined in the context in which it occurs. Our own understanding comes from a position of difference from that of others, and so understanding a person's relationship to the world is necessarily interpretative, requiring a focus on the meanings of the activities they are engaging in and the things that are happening to them. Although bracketing per se is problematic, the concept of reflexively acknowledging pre-conceived

ideas is potentially useful in facilitating deeper exploration and an understanding of a participant's experience of the phenomenon being explored. In the words of Giorgi (1997: 240), this process allows for the object being examined to "present itself in its fullness".

2.2.3 HERMENEUTICS

The second major theoretical component of IPA is hermeneutics, and it is influenced by the work of Schleiermacher, Heidegger and Gadamer (Smith, Flowers, & Larkin 2009). Hermeneutics is concerned with the theory of interpretation. Smith, Flowers & Larkin (2009) argue that interpretation requires a spirit of openness, but in return offers the possibility of affording perspectives that the participant may not be aware of, and insights which exceed that of the participant's initial contribution. As has been argued, the only way to gain a better understanding of a phenomenon is through a contextual understanding of a person's experience of the phenomenon. Such an approach, however, requires interpretation. Schleiermacher suggested that a researcher using interpretation can understand a "participant better than they understand themselves", although this suggestion is contested by Gadamer who argued that only an understanding of the text is possible (Smith, Flowers & Larkin 2009:26) because of what he describes as the historical gap.

Leaving this argument aside, an important aspect of hermeneutics in relation to IPA is the concept of the hermeneutic circle. Smith, Flowers & Larkin (2009) argue that to gain understanding of the whole, it is important to understand the part, and to understand the part, it is important to understand the whole, which they term 'the hermeneutic circle'. As a process of interpretation, it requires the researcher to move back and forth from the larger picture to the particular in a non-linear, interconnected, iterative process. There is a relationship between the researcher's (pre)conceptions and the phenomenon in question, each influencing the other and so improving understanding (Smith, Flowers & Larkin 2009). What is of importance here is how the phenomenon appears to the researcher and how the researcher's conceptions are challenged and adapted in making sense of the experience.

IPA also involves two sets of 'double-hermeneutics', that of empathy and questioning, which refers to the descriptive and interpretative analyses (respectively) undertaken on the text, and also that of the researcher making sense of the participant making sense of their experience of the phenomenon (Smith, Flowers & Larkin 2009). What

hermeneutics gives to IPA (and this study) is that it is an interpretative method which allows for the exploration of the intricacies and means of sexual interactions, even when these are “in flux, layers and even contradictory” (Ridge 2004: 264).

2.2.4 IDEOGRAPHY

The third major influence on IPA is ideography, as IPA is concerned with how a particular phenomenon, in the case of this study ‘barebacking’, has been understood by the individual within their own cultural landscape. With this in mind, there is a commitment to the particular and to achieve this requires detailed and in-depth of analysis (Smith, Flowers & Larkin 2009). However, as we have seen earlier, a person’s experience of a phenomenon is unique, located in context and is relational. Analysis therefore should begin with the detailed examination of a single case, and in some instances only a single participant (Smith 2004). Once the initial case has been analysed, the next case is then analysed and so on through all of the cases. It is only after the final case analysis is complete that cross-case interrogation can begin as well as the development of superordinate themes. This commitment to ideography extends to the point of Smith (2004) has encouraged PhD students to restrict their sample to one, and he himself has published a number of studies that only present a single case. He argues that not only does this approach illuminate a particular person’s experience of a phenomenon, but, citing Warnock (1987), he suggests that this deeper understanding of the particular takes us closer to an understanding of the universal (Smith 2004). A more detailed examination of the analytical process is discussed later in this chapter.

2.2.5 GUIDELINES FOR CONDUCTING THE RESEARCH

IPA has a set of guidelines for conducting research which can be attractive for novice researchers (Smith 2004). The use of these guidelines is not intended to be prescriptive and one of the advantages of IPA is that these guidelines can be adapted as required (Smith 2004). Some of the characteristic features of IPA are that it is ideographic, inductive and interrogative (Smith 2004). Thus, access to the phenomenon in question in the case of this study – barebacking - is obtained through the participant’s reflection on their experience. The researcher then systematically attempts to makes sense of the participant making sense of their experience, which is known as double hermeneutics. This process is achieved through two-stages of interpretation in which the researcher has an active role both with the participant in the production of the account, and subsequently in the interpretation of

the generated data (Smith & Osborn 2003; Smith, Flowers & Larkin 2009; Brocki & Wearden 2006).

2.2.6 SAMPLING

Smith & Osborn (2003) suggest taking a pragmatic approach to sampling. IPA employs small, relatively homogenous samples compared to other qualitative approaches because it is particularly concerned with the idiographic (e.g. the individual's experience). For the present study, this narrows the focus to what is it like for *this gay man* to have engaged in barebacking *at this particular time, with this particular partner*. The homogeneity of the sample is important as after each case has been analysed, experiences can both converge and diverge during cross-case analysis (Smith & Osborn 2003; Smith, Flowers & Larkin 2009). Furthermore, the small sample size prevents novice researchers from being overwhelmed by the volume of data, which can restrict the depth of analysis (Smith & Osborn 2003).

2.2.7 THE COLLECTION OF DATA

The purpose of IPA is to “generat(e) an insider's perspective” (Larkin, Watts & Clifton 2006:114). So, like other qualitative methods, it is inductive and employs flexible data collection and analysis techniques that permit the unanticipated to emerge (Giorgi 1997; Smith 2004). No closed theoretical assertions are made (Larkin, Watts & Clifton 2006) and questions are broad in scope (Smith 2004).

Data collection in IPA is primarily generated through semi-structured interviews, although other instruments have been used (Smith & Osborn 2003; Biggerstaff & Thompson 2008). Given the crucial role of the interview in generating the data, one of the criticisms levied at IPA studies is the lack of detail surrounding the interview schedule (Brocki & Wearden 2006). However, the interview is only guided by, not dictated by, the schedule (Smith & Osborn 2003), as the “schedule is merely the basis for a conversation” (Biggerstaff & Thompson 2008: 217) and is non-directive (Flowers et al 1997). This is because a flexible instrument is required to encourage the participant (who is considered the expert) to tell their own story in their own words (Smith & Osborn 2003; Brocki & Wearden 2006). This practice allows for the production of richer data as the interview follows the concerns and interests of the participant, as well as those of the researcher, to explore areas of interest that they may not have considered (Smith & Osborn 2003). Despite the fact that the schedule is not generally considered important, the production of

the schedule has utility because in reflecting on the topic one is able to consider (and hopefully avert) potential difficulties, especially when researching sensitive areas (Smith & Osborn 2003). It can also be useful for the researcher to acknowledge some of their preconceptions. The researcher's role is to put the participant at ease, and guide and facilitate (not dictate) the interview (Smith & Osborn 2003). Digital recording is essential to provide adequate depth and breadth of data, although it doesn't allow recording of non-verbal behaviours, which should be recorded separately (Smith & Osborn 2003). Transcription should be at a semantic level and include both sides of the dialogue, that is, comments made by both the researcher and participant (Smith & Osborn 2003).

2.2.8 THE ANALYSIS

A key feature of IPA is that there are different levels in the analytical process as analysis moves from descriptive to interpretative; however, the findings remain data-driven (Smith 2004) and this

“provides a theoretical framework which is based upon, but which may transcend or exceed, the participants own terminology and conceptualization.”

(Larkin, Watts & Clifton 2006: 113-114)

Analysis involves two levels of interpretation, which rather than occurring in a linear fashion are more iterative. First-order interpretations involve more descriptive coding and are more empathetic in their attempt to explain the subject in context (Larkin, Watts & Clifton 2006). This process begins with detailed analysis of each transcript; some parts of the transcript will be denser in terms of content and will require more detailed attention (Smith & Osborn 2003). Second-order analysis is a more “critical and conceptual” and attempts to consider meaning, that is, how participants make sense of their experiences of the phenomenon (Larkin, Watts & Clifton 2006). Understanding the “context and complexity” of meaning is central to the spirit of IPA (Smith & Osborn 2003:66; Brocki & Wearden 2006). Therefore, to produce a transparent, plausible and sensitive thematic account, themes are not chosen according to their frequency of occurrence in the data, and patterns of meaning are generated within a transcript which is called ‘cumulative coding’ (Brocki & Wearden 2006; Larkin, Watts & Clifton 2006). IPA is an interrogative approach, in which the data has a dialogue with existing theory (Smith 2004), which it is argued can be useful in helping inform public health policy (Fudge 2004).

In IPA, the use of “specific pre-existing formal theoretical positions should be avoided” (Smith 2004: 45), so readings (interpretations) are not taken from existing theories and ‘read’ into the transcript; rather formal systematic dialogue with existing theory (and other literature) comes from the data. As a result, theoretical positions arise only after detailed textual analysis, and importantly remain close to the text (Smith 2004; Brocki & Wearden 2006). Although, when theories are used it should be clear that they form part of the theoretical dialogue and not part of the interpretation (Smith 2004). Larkin, Watts & Clifton (2006) warn, however, that while this may seem relatively straightforward process, in reality it is not always clear where one level of analysis stops and the other begins. So, it is therefore accepted that more cautious readings are a more realistic goal for novice researchers (Smith 2004). Themes are presented with verbatim extracts to demonstrate that the findings are embedded in the texts (Brocki & Wearden 2006).

Once each case has been analysed, cross-case analysis can be undertaken using the findings from the first transcript to orientate the subsequent analysis or by analysing each transcript separately. The latter method is recommended by Smith & Osborn (2003) and is the one chosen for this study. The generated themes are either subsumed or abstracted into superordinate themes (Smith, Flowers & Larkin 2009). It is an iterative process (Smith & Osborn 2003) as earlier transcripts are revisited in light of new findings. Exploration of the interconnectedness between themes assists in clustering them (Fade 2004). The idiographic aspects of the participant’s experiences should then be woven back into the final narrative (Brocki & Wearden 2006).

A further feature of IPA, previously mentioned, is that it draws extensively on symbolic interactionism (Smith 1996). Symbolic interactionism is a sociological approach dedicated to the study of human behaviour (Blumer, 1969). It is of particular salience for this study due to its ontological underpinnings. Blumer (1969) argues that humans act towards objects based on the meanings that they have for them; therefore, participants will act towards both the sexual partner (including the sexual position that they adopt), as well as the phenomenon of barebacking based on the meanings that they have for each. Secondly, individuals derive meanings towards objects based on social interactions (Blumer, 1969). Participants in this study will therefore understand their partner and bareback sex through social interactions, including sexual encounters with others. Finally, these meanings are understood through interpretation (Blumer, 1969). Symbolic

interaction also underpins two of the theories that are used in this study, namely Erving Goffman's 'The Presentation of Self in Everyday Life' (1959) and Gagnon & Simon's Sexual Script Theory (1973). Both are used to help analyse the data.

2.2.9 THE PRESENTATION OF SELF IN EVERYDAY LIFE

For this chapter I have decided to use aspects of Goffman's *The Presentation of Self in Everyday Life* (1959) as a framework to present and assist with interpretation of the data collected. I have chosen this particular aspect of Goffman's work because "... (i)t is concerned with the structures of the social encounter" and in particular those "...that come into being whenever persons enter one another's immediate physical presence" (Lemert & Branaman 1997: 25). Goffman (1959) asserts that within a social interaction individuals seek to develop an understanding of the other person, such as their innermost feelings and the possible outcome of the encounter. Furthermore, the assessment of the 'now' is also used by individuals to construct an image of the other persons 'past' and 'future' behaviours. In most encounters, however, this information is rarely available and so individuals have to rely on cues, gestures and other symbols as the basis of this assessment. It is this process that Goffman (1959) argues "transforms communicative acts into moral ones" as much can ride on these assessments. If an individual is concerned with the impression they give, they may be tempted to manipulate or maintain this impression in order to influence the others person's perception of them.

Drawing on the notion of dramatic performance to inform his framework, Goffman (1959) argues that the observed becomes the 'performer' and the observer becomes the 'audience'. I use these two concepts (the performer and the audience) to help examine the different experiences of the participants in relation to their barebacking encounters. Using this framework, I will demonstrate in this chapter that there are those participants who initiate bareback sex which I call 'performers' and there are those participants who respond to the advances of their partner, which I call the 'audience'. In an encounter, however, the splitting of the two roles (performer and audience) is not as neatly delineated, as individuals occupy both roles at different times.

Goffman (1959) also suggests that the 'self' occupies two parts, that of the performer and that of the character. The self as the performer has the ability to learn and may fantasise about his performance. The self as a performed character is not an organic thing but a dramatic effect arising from intimate interaction and is therefore a product of

the scene. The issue of crucial concern for an individual is whether the performance will be credited or discredited. Goffman (1959) also suggests that the self is a product of the scene.

In relation to the audience, it is their interpretative activity that is necessary for the emergence of the self. I will demonstrate that there is a complex interplay between the participant and their sexual partner which involves the presentation of self, and the reading and rereading of the partner's behaviour that informs the decision to bareback. These 'sexual actors' need to express their desire to engage in bareback sex, whilst at the same time read their sexual partner's behaviours to see if they are amiable to barebacking. Within a barebacking encounter, both sexual actors make assessments of each other, and it is based on these assessments that the individuals make their decision to bareback.

2.2.10 SEXUAL SCRIPT THEORY

Sexual Script Theory (SST) provides "a conceptual apparatus that might have utility in examining specific patterns of behaviour in the context of pervasive social change and concurrent levels of individuation" (Simon & Gagnon 2003:496). SST is a robust and stable conceptual framework (Simon & Gagnon 2003; Kimmel 2007) that originates from the work of Gagnon & Simon (1973). It allows the exploration of the complex and sometimes contradictory sexual self (Plante 2007) and the examination of the social construction of sexuality (Whittier & Melendez 2004). It describes three an interrelated analytical level at which sexual conduct is shaped: intrapsychic experience, interpersonal relationships and the intersubjective cultural surround (Simon & Gagnon 2003; Kimmel 2007). Each of these different analytical levels contextualises the other (Simon & Gagnon 2003); for example, as previously discussed, individuals act towards an object based on the meaning they hold for it (the intrapsychic level), and this meaning is derived from social interaction (the interpersonal relationship level) (Blumer, 1969). SST rejects social functionalism and is resistant to the privileging of biological naturalism (Simon & Gagnon 2003), reconceptualising the sexual as social rather than biological (Irvine 2003). It is wedded to symbolic interactionism and social constructionism, and as a framework allows a connubial approach to other theories such as queer and gender theories (Mutchler 2000; Simon & Gagnon 2003).

2.2.10.1 INTRAPSYCHIC SCRIPTS (EXPERIENCE)

Intrapsychic is “the symbolic reorganisation of reality in ways to more fully realise the actor’s many-layered and sometimes multi-voiced wishes” (Simon & Gagnon 1984: 54). The intrapsychic script (also known as our ideographic script) is constructed from sexual experiences and the emotional memories of sexual pleasure, and influences the perception of the body as desirable and the perception of the body parts as healthy (Plante 2007). These perceptions are shaped by culture and draw from the internal world of desires, fantasies and wishes, and - although originating from the self - are not biological drives (Irvine 2003). Intersubjectivity (what individuals think others think of them) is a common process in intrapsychic scripting (Whittier & Melendez 2004). The perception of the body as desirable, for example, could be connected to what individuals believe their partner considers desirable.

2.2.10.2 INTERPERSONAL SCRIPTS (RELATIONSHIPS)

Constructed through a mixture of intrapsychic and cultural scripts, as well as intersubjectivity, interpersonal scripts are patterns of interaction between the self and others that allow people to function in sexual situations (Irvine 2003).

2.2.10.3 INTERSUBJECTIVE CULTURAL SURROUND

The interplay of culture and personality (subjectivity), where the sexual character takes on meaning from the social character (Simon & Gagnon 2003), produces a collective pattern that specifies appropriate behaviour. “Men use common cultural constructs such as gender, race, class and age to understand themselves and the men they find attractive” (Whittier & Melendez 2004:140). So despite previous experiences being altered and re-written by participants, they nevertheless provide a useful insight into the sexual culture surrounding each individual (Whittier & Melendez 2004:140)

It is a requirement of IPA that I demonstrate the development of a structure, frame or gestalt which illustrates the relationship between themes (Smith, Flowers & Larkin 2007). The theories previously outlined provide an appropriate intellectual and conceptual space within which to analyse the data generated from the interviews. Secondly, the use of these theories enables a dialogue to take place between the data and existing theory, which is also a requirement of the IPA approach (Smith, Flowers & Larkin 2007).

2.2.11 INVOLVING THE STUDY POPULATION

“...people who are affected by research have a right to say in what and how research is undertaken.”

(Staley 2009: 8)

As discussed at the beginning of this chapter, it was important for me to involve members of the study population in this research. Members of the study population have unique and important insights and perspectives which can improve research quality and the transferability of its findings (Staley 2009). Excluding participants, there were three ways in which men assisted this study: (1) through membership of ‘the study review panel’, (2) by completing the online questionnaire on which the topic guide was developed, or (3) assisting with promotion of the study.

2.2.11.1 THE STUDY REVIEW PANEL

The aim of the study review panel was to review various public-facing aspects of the study. Men were recruited via Facebook™ and contributed virtually, via e-mail. They provided invaluable insights and suggestions regarding clarity, expression and appropriateness of language on the research website and participant information. In addition, they also reviewed and piloted the online questionnaire.

2.2.11.2 THE ONLINE QUESTIONNAIRE

Men were invited to complete a short online questionnaire to share their experiences and opinions of condomless sex, in order to inform the preliminary development of the research. The questionnaire consisted of a series of open-ended questions. At the end of the data collection period (November 2010 to November 2011), 349 MSM had completed it. Responses were downloaded from SurveyMonkey™ directly into an Excel spreadsheet and these data were then analysed thematically. As with other online questionnaires, erratic responses were excluded as their legitimacy was questionable (Adam, Teva & de Wit 2008). These themes, which have been presented previously, were used to generate the topic guide and to aid the face-to-face in-depth (Grundy-Bowers & Black 2012 a; Grundy-Bowers & Black 2012 b).

2.2.11.3 INVOLVEMENT IN THE PROMOTION OF THE STUDY

Members of the study population were invited to recruit additional participants through their sexual and / or social networks, acting as a bridge between those potential participants and me as the researcher. Gay businesses and non-government organisations were also involved in promoting the research via websites, online magazines, e-mail broadcasts and blogs, and a number of participants were recruited in this way. The relationships that I developed with the non-government organisations Terrance Higgins Trust (THT) and Gay Men Fighting AIDS (GMFA) have proved particularly useful, as these organisations remain keen to be involved in considering the potential contribution of the study findings to inform public health policy and practice.

2.3 THE PROCEDURE

This section of the methodology chapter is concerned with the procedural aspect of conducting this study.

2.3.1 ETHICAL APPROVAL, COMPLIANCES AND CONSIDERATIONS

Due to the sensitive nature of the topic of the study, ethical approval was obtained through the Senate Ethics Committee of City University London instead of the School Ethics Committee. Minor amendments and clarifications required from the initial ethics application were addressed, and changes to the study design and administration were also communicated to the committee electronically. The study complies with the British Sociological Associations Statement of Ethical Practice (2002, updated 2004) and abides by the Data Protection Act (2003).

2.3.2 INFORMED CONSENT

The principle of informed consent was central to the recruitment of all participants and was obtained prior to any data collection. To allow prospective participants to make informed choices about their contribution, participant information (PI) was provided both on the dedicated website and at the point of data collection. Participants contributing in the interviews were provided with a written copy of the PI which was supplemented with a discussion giving them an opportunity to ask questions before written consent was obtained. This discussion included an overview of the study, an explanation of the explicit nature of the topic, the anonymous nature of the study and confidentiality considerations.

As recommended by the Senate Ethics Committee, all participants were offered a list of services/support (Appendix 1) in case the interview raised issues that caused distress and the person wished to take seek support afterward. However, this list was declined by most men. Participants were also informed that their participation was voluntary and that they could pause or terminate their contribution at any time during the data collection stage. The only participant who required a break in the interview was the first participant to be interviewed, Luc, who became distressed and tearful during a discussion about his upcoming HIV test and requested a break. The interview was paused but resumed shortly after he had had an opportunity to compose himself.

2.3.3 CONFIDENTIALITY

Maintaining confidentiality and data protection was of paramount importance; therefore, all data collected was anonymised. All electronic data was stored on a drive that was only accessible to those involved in the research and in a password-protected database; further, the data was only accessible by the immediate members of the research team. Paper consent forms were kept in a locked filing cabinet in a locked room based in a University office which has secure access to its building. E-mail addresses and correspondence with potential and actual participants indicating willingness to take part in the follow-up focus group or interview were stored separately and the e-mail system was password protected. E-mails were retained for the duration of the study in a password-protected file and were deleted at the end of the study.

Interview participants were asked to provide a pseudonym and, prior to the interview commencing, I explained about the confidential nature of the interview and the fact that they were free to leave at any time. The audio recordings, field notes (which were recorded on a webcam), written supplemental field notes and the Word documents of the written transcripts were stored in a password-protected database. These data do not contain any personal identifiable data as they were identified only by the participant's pseudonym and age.

2.3.4 OTHER ETHICAL CONSIDERATIONS

Consideration was given to the potential benefits and harm that might come from participation in the study or the release of the findings to the participants, me or the wider gay community. Benefits to the participant and to the wider community were communicated to potential participants (Zea, Reisen & Diaz 2003), and, as found in similar

research (Sexual Health of Ethnic Minority Men who Have Sex with Men Living in Britain 2006-2008), participants reported finding the research participation an interesting and positive experience, and enjoyed helping with a study which they felt would be of benefit to the community. Potential harm could result from certain conduct, publicity or controversial results, as well as invasion of privacy, breaches of confidentiality, and embarrassment. Such breaches could result in negative consequences for participants, such as violence being directed at them or their being ostracised by friends and family, concerns particularly applicable to those participants from minority ethnic backgrounds and men who were 'not out' at the time of the study (Platzer & James 1997; Miller et al 2006). There were also implications for the wider gay community, who for centuries have been viewed as immoral, sinful, illegal and evil (Hartman & Laird 1998). There was the potential for discrimination based sexuality, the stigma of HIV and STIs or even that the participants may not appear rational by individuals outside of the study population (Platzer & James 1997).

2.3.5 RECRUITMENT

As we have seen, IPA requires recruiting "a reasonably homogenous sample" (Smith, Flowers & Larkin 2009:3). Participants were recruited through a range of both on- and off-line strategies (Table 2.1) in London between November 2010 and November 2011. The strategies that were employed ultimately directed participants to a professionally developed, dedicated website (u-sex.org.uk) where information about the study could be found along with my contact details. Participants who were interested in contributing to an interview were asked to contact me either via e-mail or by telephone.

2.3.6 BARRIERS TO RECRUITMENT

Recruitment proved more difficult and took longer than anticipated, which may have been for a number of reasons. As the study is concerned with condomless sex, it required participants to discuss in detail and at length the intimate details of their sex lives, which they naturally may have been reluctant to do. Men may also have had concerns about being judged negatively for engaging in behaviour in conflict with the normative social expectations of condom use. Further, some non-scene gay men's activity groups were approached to forward a flyer to their membership, but because of the nature of the study felt it was inappropriate to promote it.

Table 2.1 Recruitment strategies

Source	Comments
<i>The gay press</i>	(i) Initial recruitment included advertisements in the popular London gay press (QX and Boyz magazines) (ii) An article for Q:ID magazine. (iii) The marketing department also helped to draft a press release '<i>call for participants</i>' to promote the study and circulated it to relevant press offices on World AIDS Day (01/12/2010).
<i>Online</i>	(i) The development of a Facebook™ Page and Twitter™ account, promotion of the study through websites (discodamaged, myministryofpleasure and Bent) (ii) e-mail broadcasts to the readership of Q:ID magazine (56,000), THT (7,500) and GMFA (5,000). (iii) Two of the largest gay internet dating sites (Gaydar™ and Manhunt™) were also approached to see if they would be willing to advertise the research through banner ads or messages to subscribers; however, both felt that they were unable to assist on this occasion.
<i>Snowballing</i>	(iv) Those completing the questionnaire and taking part in the interviews were encouraged to invite men they thought would be eligible and interested in taking part in the study.
<i>Posters / flyers</i>	(v) As in previous studies, high density gay areas and selected venues were identified (Snowden, Raymond & McFrand 2011). Posters and flyers were then left in a selection of venues, and flyers were distributed in London's Soho and during London's Gay Pride Event in 2011.

There were also ethical barriers to recruitment. It was envisaged that interviewees would primarily be recruited through the completion of an online questionnaire. Using the 'page logic' facility in SurveyMonkey, eligible men (identified through their questionnaire responses) would have been directed to a page where they would have been invited to take part in an in-depth interview. There, they would have been able to enter their contact details, such as an e-mail address or telephone number, if they wished to do so. However, to ensure anonymity, it was a requirement of the Senate Ethics Committee that no identifiable data be collected, so potential participants had to send a separate e-mail. Participants were perhaps put off by this extra measure as it was inconvenient and required a greater degree of motivation for follow-through.

2.3.7 THE SAMPLE

The sample consisted of thirteen men who were recruited to the study. Table 2.2 presents each participant's personal profile, listed in order of interview date. The following demographic details are represented in columnar format: age, place of origin, time living in London, relationship status, self-identified sexual role and the last occasion of condomless sex. These categories are discussed in turn and in more detail below.

2.3.7.1 AGE

The age of the participants at the time of the interview ranged from twenty-nine years to fifty-five years, although the majority of the participants (n=7) were in their thirties. Two men were in their forties and 3 in their fifties when interviewed. Prior to actual recruitment, it was anticipated that younger men would be easier to recruit as older MSM engaging in CAS were more likely over time to have been exposed to HIV. However, men over 30 years old made up the majority of participants in this study. This observation may reflect the fact that older MSM are more willing to discuss their sexual behaviours. While young people (15-24 year olds) are still disproportionately affected by sexually transmitted infections, concerns have been raised by the HPA about those over 45 experiencing rising rates of STIs and sexual risk-taking, and we did indeed find that these concerns were reflected in the behaviours demonstrated by the study participants (HPA 2008). This finding is consistent with the fact that more men in their 40s and 50s were diagnosed with HIV in 2011 than in 2003 (HPA 2012).

2.3.7.2 PLACE OF ORIGIN

Six participants were originally from the U.K. and the Republic of Ireland, only one of whom was born and raised in London. Three of the participants were from mainland Europe; two were from Australia and one each from America and Indonesia. One participant (Richard) had only moved to London in the two months prior to the interview; however, he had been spending weekends in London for a number of years. Another participant (Barry) had lived in London for three years. The rest of the participants had lived in London for more than 10 years.

Table 2.2 Participant characteristics

Participant	Age	Place of origin	In London	Relationship status	Self-Identified Sexual role	Last CAS
Luc	44	France	12 years	Single	Bottom	3 months
Richard	50	UK (Merseyside)	2 months	Couple (closed)	Bottom	5 days
William	33	UK (London)	Born	Couple (open)	Top	0 days
Mark	51	USA	13 years	Couple (open)	Bottom	3 weeks
Peter	40	Australia	13 years	Single	Top	1 day
Pete	29	Swiss	19 years	Couple (open)	Versatile	2 days
Pavel	36	Ukraine	16 years	Couple (open)	Versatile	3 months
Robert	31	UK (Scotland)	11 years	Couple (closed)	Bottom	2 days
Andrew	32	Ireland	10 years	Single	Top	3 days
James	34	UK (Somerset)	10 years	Single	Top	6 weeks
Barry	55	Australia	3 Years	Couple (closed)	Top	5 days
James-Lee	36	Indonesia	3 years	Couple (open)	Versatile	2 days
Paul	38	UK (Essex)	15 years	Couple (closed)	Bottom	2 months

It would be useful at this stage to discuss the issue of ethnicity. The original aim of the study was to recruit an ethnically diverse sample; however despite my best attempts which included approaching a range of organisations that work with BME MSM with the exception of one participant (James-Lee) who was Southeast Asian, all of my participants were white. My initial disappointment was gradually replaced with the realisation that this was perhaps fortuitous as if the issue of sexual position among MSM is a complex one, then this issue of sexual position among BME MSM is even more so. Kippax & Smith (2001: 413) argue that anal sex is a 'socially structured practice' and on examination it becomes clear that the sexual position adopted by an individual and the sexual scripts enacted by those engaged in anal sex are influenced by things far beyond the bedroom. For BME MSM the act of anal sex becomes the point at which the issues of ethnicity, culture, power, gender and sexual stereotyping intersect. Racism from outside an individual's community, homophobia and stigma from within their community, hegemonic masculinity and hetero-normative values and expectations within the BME and wider heterosexual community and sexual scripting related to ethnicity from within the gay community coalesce and have the ability to significantly impact on the sexual experiences of BME MSM (Bauermeister et al 2009; Wilton et al 2005; Shernoff 2006; Malebranche et al 2009; Wilson et al 2009).

In part this is because anal penetration is not only a physical activity but a symbolic one, with fucking symbolising power and being fucked symbolising a lack of power (Underwood 2003). As such the adoption of one sexual position or another within an encounter then has the potential to reinforce or disrupt perceived cultural hierarchies and traditional power roles depending on the ethnicity of the sexual partners involved (Ho & Tsang 2000; Wilson et al 2010). While sexual scripting of BME MSM both from within and outside their cultural communities places specific cultural mediated expectations on them (Poon & Ho 2008; Wilson et al 2009). An example of this the way that Black men are often sexually stereotyped and scripted having large penises, being hyper masculinised and sexually dominant tops, while Asian men are invariably sexually stereotyped and scripted having small penises, being petite, sexually reserved and submissive bottoms (Ho & Tsang 2000; Bowleg 2004; Poon & Ho 2008; Wilson et al 2010; Wei & Raymond 2011). These dominant cultural sexual stereotypes serve to objectify BME MSM and create individual political dilemmas and dissonances as these stereotypes are celebrated and desired by some, or disrupted and resisted by others.

In addition, hetero-normative expectations, homophobia and stigma from within an individual's community combined with the polarisation of anal sex along the receptive/insertive, active/passive and masculine/feminine binaries (Kippax & Smith 2001; Underwood 2003; Shernoff 2006; Malebranche et al 2009) socially stigmatises those men who fail to confirm to hegemonic conceptions of masculinity by being anally penetrated (Wei & Raymond 2011) while within some cultural contexts these conceptions through 'machismo' reinforce perceptions that those who penetrate are not necessarily homosexual (Underwood 2003; Jarama et al 2005; Siegal et al 2008). This complex combination of factors helps explain why some BME MSM attempt to maintain their masculine persona, conceal their sexual behaviour and reject a gay identity (Jarama et al 2005; Malebranche et al 2009; Millet et al 2007; Siegal et al 2008).

As evidenced in the literature the implications of these complex theoretical conceptions translate into the lived sexual lives and experiences of MSM with white men being equally represented across the both sexual positions, while Asian men are more likely to identify as bottoms and Black men are more likely to identify as tops (Siegal et al 2008; Wei & Raymond 2011). This complicated picture would suggest that the issue of sexual position and barebacking among BME MSM would benefit from specific, targeted and sensitive research.

2.3.7.3 RELATIONSHIP STATUS

Four of the participants were single at the time of the interview and the rest were in a relationship. Four of those in a relationship were in a monogamous relationship and the remainder were in 'open' relationships, that is, either having sex with other partners together, or separately, or a mixture of the two. One participant (James-Lee) stated that he wasn't in a relationship but instead described his three-year relationship as more of an affair as his partner was in a long term (16-year) relationship with another man.

2.3.7.4 SELF-IDENTIFIED SEXUAL ROLE

Five of the participants described their sexual role identity as top, five as bottom and three as 'versatile'. It should be noted that this self-described sexual role identity did not necessarily reflect the recent anal sexual practices of the participant. Some tops (Peter and Andrew) also engaged in receptive anal intercourse, one versatile only (Pavel) described receptive anal sex and two bottoms (Mark and Luc) also described insertive anal sex. However, most bottoms were consistent with their self-identified sexual role, only

engaging in receptive anal sex (e.g. Paul, Robert and Richard). These findings therefore reflect the fact that few MSM consistently and exclusively maintain a single sexual role identity.

2.3.7.5 THE LAST OCCASION OF CONDOMLESS ANAL SEX (CAS)

Over half the participants (N=8) had engaged in CAS within the seven days prior to the interview. Of the rest, one participant had engaged in CAS six weeks prior to the interview, one participant had engaged in CAS two months prior to the interview and the last three participants had engaged in CAS three months prior to the interview.

2.3.8 DATA COLLECTION

A total of 13 interviews were conducted with participants. Each was digitally recorded and sent electronically to a transcribing service for verbatim transcription. The interviews were conducted in my office at the university, with the exception of one which was conducted at a participant's home at his request. The shortest interview lasted 45-minutes, as the participant (Pete) had tickets for the theatre, and the longest two hours. An introduction was prepared to ensure that all of the salient points were covered prior to the interview commencing, and participants were given the following: a list of services/support (Appendix 1), a copy of the consent form (Appendix 2) and a participant information sheet (Appendix 3). After a general 'tell me about yourself question', the interview was commenced with participants being asked, "You know the nature of the study, can you tell me about the last time that you had anal sex without a condom." Like other IPA studies, the interviews were unstructured and unscripted to enable the participants the freedom to explore and navigate their experiences of CAS, set their own agenda and priorities (Smith, Flowers & Larkin 2009) and to allow for "unanticipated information to surface" (Beres 2010:5). A topic guide (Appendix 4), however, was created as a precaution in case of a participant becoming difficult to interview. While many IPA studies develop their interview schedule/topic guides from existing theory and literature (Brocki & Wearden 2006), the topic guide in the present study was primarily developed using data from the online questionnaire, which was supplemented by information presented in the literature review in a bottom-up approach (Spencer 2009) The topic guide was reviewed by the study review panel. It consisted of five main domains: health-related issues, intoxication, partner issues, pleasure and social influences. At the end of the interview, participants were given the opportunity to clarify any points that they had made, or - as they were aware of the area being exploring in the interview - if they had any further points to make.

2.3.9 DATA ANALYSIS

After collection, the data were subjected to IPA. As discussed earlier, each of the interview transcripts were transferred to a template in order to aid analysis (see Appendix 5). Specifically, each transcript treated as follows. The text was initially checked against the digital recording for accuracy and any errors in transcription were addressed. I followed this check with a preliminary reading of the transcript whilst listening to the digital recording to immerse myself in the data. Even though it is widely acknowledged that with IPA “the researcher is considered inseparable from their assumptions and preconceptions” (de Witt & Ploeg 2006:216), Smith, Flowers & Larkin (2009) advise during this first examination of the transcript that initial thoughts and connections are noted down to allow a more systematic and deeper level analysis of the data.

As previously described, the transcript was then read (and re-read), whilst listening to the digital recording of the interview so that a certain depth of analysis could be developed through an iterative process. Emergent themes were identified inductively; with each reading of the interview, text analysis was slowly taken to a deeper level. I was more concerned with mapping the range rather than incidence of each theme, each of which was noted on the template using different coloured font to differentiate the nature of the comments (i.e. descriptive and interpretative). (See Appendix 6 for a typical transcript and analysis.) By moving from descriptive line-by-line analysis to identifying emerging themes to developing a more interpretative account, I developed a dialogue between myself as the researcher and my experiential knowledge and the coded data in an attempt to make sense of each participant’s experience (Smith 1996a; Smith et al 1997). This process was then applied to all of the interview transcripts.

Once the preliminary analysis of each transcript was complete, the initial coded transcripts were then uploaded onto NVivo9TM as a data management tool to aid exploration of the complex interrelated themes, patterns, convergences and polarisation across top and bottom narratives. Using the functionality of the software, these themes were augmented or subsumed, creating super-ordinate themes and thus grounding the findings in the data and providing a transparent account (Smith, Flowers & Larkin 2009).

The themes were initially arranged around six super-ordinate themes that emerged from the data: contextual components, negotiating CAS, how CAS feels, meanings, MSM, CAS & HIV, and social influences. These themes were then further reduced to three super-ordinate themes: 1) contextual factors associated with CAS; 2) negotiating CAS and

minimising risk; and 3) meanings and significance of CAS. In an attempt to reduce misrepresentation and ensure credibility, validation checks were undertaken on several transcripts and their coding (Flowers et al 1997; Brocki & Wearden 2006).

2.3.10 ENSURING QUALITY

The IPA's dictate of epistemological openness requires among other things reflexivity (Larkin, Watts & Clifton 2006). Given the interpretative nature of IPA and the potential influence of the research on data generation and interpretation, it was essential to address reflexivity in the present study (Yardley 2000). Theoretical preconceptions brought to the analysis of the data should be acknowledged (Brocki & Wearden 2006); however, Brocki & Wearden (2006) caution against simply listing my characteristics as a researcher, as these may not aid understanding of the analysis, but instead recommend that I undertake reflection on my role in the analysis, especially in areas where it may have significant impact. They suggest that "a clear acknowledgement of the authors' particular perspectives (perhaps including research interests, theoretical groundings and why they sought to undertake this particular piece of research) might assist in this" (Brocki & Wearden 2006: 99). Smith et al (2009) suggest using Yardley's (2000) four principles of sensitivity as a guide for assessing the quality of IPA research. These include context, commitment and rigor, transparency and coherence, and impact and importance. Accordingly these principles have been used as a framework for presenting the quality considerations of this study.

PREFACE TO FINDINGS CHAPTERS

In the next three chapters I present the findings of this study. Using the experiences of HIV-negative and unknown status gay men, it is my intention to generate a holistic understanding of barebacking through the lens of sexual position. To achieve this goal requires recognition of the important elements of a barebacking encounter for the participants involved in this study and the significance (if any) of sexual position to this encounter. What emerged through the process of analysis was that when participants gave their barebacking narratives they comprised three main areas. The first observation was that the context was important for participants and crucial in their storytelling. This observation was supported by the great amount of detail provided by the participants when setting the scene to the barebacking encounter; for example, explaining how they felt or how they met their partner. The second area pertained to the act of bareback sex, where it occurred or how it was negotiated. The final area was the participant's reflections on meanings of the bareback sex within that specific context. These three areas, which originate from the participants' experiences, represent the three super-ordinal themes and provide a pragmatic analytical framework according to which the following chapters are organised (see Table (i) below).

Table (i) Super-ordinal and subthemes		
Super-ordinal theme one: How men locate their barebacking encounters	Super-ordinal theme two: The act of bareback sex	Super-ordinal theme three: The meanings men ascribe to bareback sex
1) Affective states and bareback sex	1) The location where bareback sex occurs	1) The pleasure associated with bareback sex
2) Connecting with barebacking partners	2) The negotiation of bareback sex	2) The meanings men ascribe to barebacking in romantic relationships
3) Partner attributes and bareback sex	3) Overcoming cognitive dissonance	
4) Substance use and bareback sex		

While I have chosen to organise the findings under these three super-ordinal themes, intimate relations between men are necessarily more complicated than this. Therefore, while these themes and sub-themes provide a useful framework for presenting

factors in men's narratives, occasionally it was difficult to tease out the most appropriate place for a theme or excerpt. For example, most excerpts contained more than one theme and as such could have been placed under multiple subthemes. I have therefore attempted to place excerpts and themes in the most appropriate section, although I acknowledge that at times this may represent a 'best fit' rather than a 'neat fit' solution. Another complication is that the factors presented were connected to, affected by, and may have enhanced or lessened the effect on other factors both within and across super-ordinal themes. I have attempted to faithfully represent these complexities across the three findings chapters.

In relation to sexual position, as discussed in the previous chapter, the most of the participants had engaged in bareback sex outside of their self-identified sexual role identity. So, in order to properly explore the phenomenon of barebacking through the lens of sexual position, after each excerpt I have included the sexual position that the participant had adopted within that specific reference. Furthermore, I have noted areas in which sexual position appears to be of little significance as well as those in which the interplay between sexual position and bareback sex can more clearly be seen.

In addition to sexual position, two distinct narratives emerged from the data: a narrative that pertains to barebacking with casual partners and one that pertains to barebacking in romantic relationships. These two types of bareback sex were generally contextualised and negotiated by the participants differently. It should be noted, however, that although participants often viewed bareback sex differently with casual partners than with romantic ones, there was sometimes an overlap between the two. For example, there were instances of participants who had engaged in bareback sex with a casual partner who then subsequently became a romantic partner. In these cases, the bareback sex was contextualised and negotiated as it would be with a casual partner. But the contextualisation of barebacking for men in romantic relationships, especially the first occasion, was intimately bound with how the sex was negotiated plus the meanings that they attributed to the act itself. This is perhaps unsurprising given barebacking's symbolic function as an expression of commitment for men in relationships (Flowers et al 1997). But this binding of context, negotiation and meaning meant that it was at times difficult to dissect the context from the negotiation and meaning. Where there are differences between the experiences of barebacking with casual and romantic partners, these are considered.

CHAPTER THREE

SUPER-ORDINAL THEME 1: HOW MEN LOCATE THEIR BAREBACKING ENCOUNTERS

3.1 INTRODUCTION

This chapter presents the data which relates to how the participants contextualised or located their barebacking encounter and forms the first super-ordinal theme. The term 'located' here is used to represent two distinct meanings. The first pertains to how participants position their barebacking experience within their narratives, and the second to how they identified those partners with whom they subsequently barebacked. This scene- setting to an encounter was of significance to participants, with several drawing their own inferences about the contexts in which they found themselves and their barebacking behaviour, but was also of significance to me as a researcher since the rich contextualisation offered by participants in their narratives provided a means to locate the participant within their own psycho-social landscape. This rich depiction of location is essential both to the IPA approach and as a means of achieving the aims of this study since it fosters a broader ideographic understanding of the participant's experiences.

This first super-ordinal theme, by nature, is concerned with the 'before' part of a barebacking encounter; therefore, the theme extends to the point where the sex begins. I have organised the factors which participants presented to locate their encounters around four subthemes which are as follows: (1) affective states and barebacking; (2) connecting with barebacking partners; (3) partner attributes and bareback sex; and (4) substance use and barebacking. I will now consider each of these subthemes in turn.

3.2 SUBTHEME ONE: AFFECTIVE STATES AND BAREBACKING

The first subtheme of this chapter is affective states and refers to the how participants experienced emotions, moods and feelings associated with their narratives of barebacking with casual partners. Men frequently reported negative affective states such as low mood, low self-esteem, loneliness and something which I have coined 'life-

death' orientation. Life-death orientation relates to how participants positioned themselves in relation to their own mortality, and in particular how they used this position when contextualising their barebacking behaviours. The most common positive affective state that men reported, the state of being in love, related to those men who barebacked within the context of a romantic relationship. Less common positive affective states that men experienced were reported as 'being normal' and 'being horny' (sexually aroused).

Interpreting affective states was tricky for several reasons. Affective states represent only one dimension of a number of interrelated, coalescing factors within an encounter. In addition, more than one state could be experienced simultaneously and this situation was evident in many of the narratives. Furthermore, the situation was complicated by substance use, which could alter, ameliorate or heighten an affective state. Substance use was in fact a familiar feature in the men's narratives, with 11 participants using alcohol and/or recreational drugs during barebacking encounters. This interplay between the various dimensions made the exploration of affective states and associated barebacking behaviour challenging at times. In the following sections, however, I have attempted to explore the key issues as presented in men's narratives and signpost where links and connections exist to other factors both within and beyond this subtheme. I will begin with the negative affective states before moving on to the positive affective states.

3.2.1 'LAST TIME IT HAPPENED I WAS IN A VERY LOW MOOD': NEGATIVE AFFECTIVE STATES AND BAREBACKING

Experiencing a negative affective state in the lead-up to a barebacking encounter with a casual partner was common across both top and bottom narratives, a typical example of which is provided by James:

'I'd just split up with my boyfriend, got quite drunk, ended up in a sauna and had sex with somebody with a condom for a while and then we just kind of, it wasn't working with the condom so we took it off just for a bit and then it was the last condom as well and we kind of took it off and had sex without the condom [] Yeah I don't know if there's some kind of correlation, I mean evidently the last time it happened I was in a very low mood when I'd originally gone out'

(James, 34: top narrative)

A number of factors affect where James locates his last barebacking experience. In particular, he describes a convergence of five such factors: a negative affective state, intoxication, the location of sex (a sauna), sexual dysfunction and condom availability. James opens his narrative by explaining that he had recently broken up with his long-term boyfriend, an event which he uses later in the interview to account for his low mood. Negative affective states resulting from a life event such as the end of a relationship or relationship problems were common among participants. James was also intoxicated and – as earlier noted – this was a common occurrence with participants at the time of their barebacking encounter. I will return to a more full discussion of substance use later in this chapter. The location where James connected with his barebacking partner was a sauna. The issue of how participants connected with partners and the location of sex appears to influence the certain aspects of the encounter. I will return to this issue both later in this chapter and also in the second findings chapter. In addition, James experienced sexual dysfunction secondary to condom use (and probably alcohol). Lastly, there was the issue of condom availability as it was also the last condom.

As demonstrated in the excerpt from James, not only were there several factors located within a single narrative, but, as already alluded to, these factors were also connected. The most striking connection is between sex, substance use and negative affective states, with the first two factors often used instrumentally in an attempt to self-treat or escape the latter, a finding that is supported in the literature (Brown *et al.* 2006a 2006b; Bancroft *et al.* 2003c). An example of this connection can be seen in the following excerpt from Paul:

'It was a karaoke night in the pub um I was single, newly single actually um and in those days I was quite empty inside [] And I did used to pull a lot and it was a way of making me feel more complete and more whole, more full up inside, the attention. Um and so it was one of those nights I was feeling particularly lonely all of my friends had somebody I was on my own. I probably cried or something that evening'

(Paul, 38: bottom narrative)

The insight and introspection demonstrated by Paul could be also seen in other men's narratives. Like James, Paul was recently single and in his narrative there are also several

coalescing factors. The combination of his poignant use of the word “empty”¹⁵ in conjunction with the intensity of feelings demonstrated by the statements “I was feeling particularly lonely” and “I probably cried” paint a particular bleak picture. Loneliness can be defined as either social (i.e. the absence of social networks) or emotional, as described in the excerpt from Paul, which is the absence of intimate relations (Hubach, DiStefano & Wood 2012; Knox, Vail-Smith & Zusman 2007; Kuyper & Fokkema 2010). Paul uses a range of strategies, including going out with friends, getting drunk and having sex to ameliorate his feelings of loneliness. These very strategies, however, appear to have compounded his negative affective state and perhaps contributed to his bareback encounter. Even though friendships are thought to counteract minority stressors associated with loneliness, the effect is only felt if one is included within the group (Meyer 2003; Kuyper & Fokkema 2010). Paul’s feelings of loneliness are relational to others (his friends), whom he saw as being in relationships. Therefore, rather than these friendships contributing to a sense of wellbeing, he is confronted by what he is missing, reinforcing his loneliness and single status and in turn creating social and emotional isolation. It is from this position of isolation that Paul was seeking emotional connection and validation with a casual sexual partner in an encounter which ultimately resulted in bareback sex. It is perhaps this desire for connection and validation which is why so many participants found themselves in situations where they attempted address this desire; however, in many narratives loneliness was also connected to low self-esteem, as encapsulated in this excerpt from Richard:

‘I’ve never been on my own before. And really struggled to come to terms with living on my own. Uhhh... by this time, I’m coming up to a 48 uhhh... all these conflicting uhhh... things going on in your life uhhh, and, really come to yeah, really come to the conclusion. Really, I – I, I guess really what I’m getting at is really low confidence, low self-esteem. Certain that you know, you’re gonna live out the rest of your days as a lonely man.’

(Richard, 50: bottom narrative)

Richard’s excerpt demonstrates that for older gay men loneliness and social isolation associated with the adjustment to single life are compounded by age. As men transition to

¹⁵ “...not containing or holding anything, hungry or lacking, unoccupied, without value or meaning” (the free dictionary accessed 20/12/13 <http://www.thefreedictionary.com/empty>)

midlife with associated physical, sexual and relationship changes, they often find that their experiences are contrary to heteronormative stereotypes and an ageist gay 'scene' that glorifies youth. For older gay men, these experiences amplify their feelings of isolation and being sexually undesirable (Jacobs & Kane 2012). Furthermore, later in Richard's narrative, he describes his low self-esteem in relation to the attractiveness of his partner, which highlights not only the intersection between loneliness and low self-esteem but also self-esteem experienced as a relational construct (partner attributes are considered later in this chapter). Despite negative affective states being present in both top and bottom narratives, a description of loneliness only appeared in bottom narratives.

As demonstrated in the earlier excerpt from Paul, strategies employed in an attempt to improve a low mood can have the opposite effect and in turn can result in the decision to have bareback sex. However, the engagement in bareback sex can also contribute to negative affective states, as depicted in the following account from James-Lee:

'[] So for the second night in a row I went back to this guy and did it again [barebacking]. On the weekend I felt really, really awful. I felt emotionally drained. I met one of my best friends C and then cried. That's it. I don't want this; this is not the way I have my life. I felt really awful. I felt really, really awful.'

(James-Lee, 36: versatile narrative)

This initial elation and relief from a negative affective state was often temporary and replaced with regret, guilt and anxiety, a finding supported by the literature (Hubach, DiStefano & Wood 2012). These negative feelings can affect self-image or affect self-anger, both of which are associated with increased risky behaviour (Crepaz & Marks 1997; Hubach, DiStefano & Wood 2012). Furthermore, for some participants, including James and Richard, the consequence of post-bareback anxiety the following day would involve a visit to a sexual health clinic and a course of PEPSE¹⁶.

3.2.2 'EVERYONE HAS TO DIE FROM SOMETHING': LIFE-DEATH ORIENTATION AND BAREBACKING

¹⁶ PEPSE is Post Exposure Prophylaxis for Sexual Encounters

Two participants, Barry and James-Lee, located their engagement in bareback sex with their life-death orientation to their own mortality and Barry in particular spoke at length about these feelings:

'Um well I suppose just that I think everyone does die from something and as you get older people around you start to die er you know from things like you know heart attacks or strokes or cancer or whatever. Um so therefore you realise that your life is limited and it's coming to a conclu..., you know it's probably I think OK fifty five so if I've got another twenty years in me then I'm probably doing OK. And thirty years or whatever. So um I suppose the threat of HIV is around potential death from a personal view. You know it's like oh, OK, the fear around HIV is the fact that if you get HIV and you don't give it to someone else if you contract it then I suppose it's an illness that at the moment seems manageable with limited side effects...'

(Barry, 55: top narrative)

Barry's fear of HIV is associated with death, and his life-death orientation has lessened this fear for three reasons. . In Barry's lifetime, HIV has transformed from a death sentence to a managed disease, which results in him perceiving the physical impact of HIV to be less. This is a common perception among men who have survived the HIV pandemic (Jacobs & Kane 2012). The recent death of his sister has influenced Barry's realisation that his life is coming to its natural conclusion; he therefore perceives that acquiring HIV at this stage in his life will have little impact on his life expectancy. Finally, as a man in his mid-fifties he is aware that there are other conditions that have the capacity to impact or limit his life, and so HIV becomes just another health issue such as a heart attack or stroke. Barry's comments do, however, demonstrate a lack of knowledge about the physical impact of HIV on the older adult; for example, premature aging (and death) through greater risk of cardiovascular disease (cardiac and cerebral vascular accident), diabetes, cancer, bone density issues and neurological effects of HIV such as dementia (Simone & Appelbaum 2008). James-Lee also shared Barry's realisation about and resignation towards the inevitability of death:

'I never appreciate my life much and I just feel like, I don't care whether I die. You know. So that's also one of the things that maybe influence my habit of without thinking, if I have to die tomorrow, I have to die tomorrow you know, so what you know, everybody has to die you know.'

(James-Lee, 36: versatile narrative)

James-Lee was having what he considered to be an affair with a man in a long-term relationship with somebody else. This left him feeling dissatisfied because he was unable to see his partner as much as he would like, and although his partner assured him he would leave his boyfriend, he never did which made James-Lee uncertain about the future. Therefore, unlike Barry, the effect of James-Lee's life-death orientation and his barebacking behaviour may be related to the uncertainty of his relationship (Kalichman et al 1997). Life-death orientation is a complicated issue as there are interconnections between acceptance of the inevitability of death, fear of HIV, treatment optimism on the one hand and uncertainty of the future and dissatisfaction with life on the other. In addition, both participants used life-death orientation to justify their barebacking behaviours. For James-Lee, this was with casual partners while Barry was engaging in bareback sex with his HIV discordant romantic partner. Yet, both participants still employed a range of strategies to reduce the likelihood of acquiring HIV. (These strategies are discussed in more detail in the next chapter).

3.2.3 'I WAS JUST REALLY HORNY': POSITIVE AFFECTIVE STATES AND BAREBACKING

Not all of the participants contextualised the barebacking encounters within a negative affective state, as there were illustrations of participants experiencing a positive affective state. Men in romantic relationships provided a clear example of this state, where their contextualisation of barebacking with their romantic partners was coupled with heightened emotions of love:

'I think because we started to really fall for each other.'

(William, 33: top narrative)

'This was a guy that I was really... completely in love with really... for first time in my life.'

(Richard, 50: bottom narrative)

This intensity of emotions was often correlated with a change in the nature of the relationship from being casual to more significant. I return to a discussion of men in romantic relationships later in the chapter. Other men in this study highlighted that they were stress-free prior to their barebacking encounters with casual partners:

'I think it was a normal day, if I was too stressed I wouldn't have gone. Um so it must have been a normal day at work [] I hadn't had too stressful a day so I was feeling like having fun.'

(Mark, 51: bottom narrative)

One possible explanation for Mark's perspective is that unlike other participants whose motivation to go out and seek bareback sex was to address a negative affective state, Mark's barebacking was part of his normal sexual repertoire rather than an exception.

Five other participants reported that they were sexually aroused when they made the decision to bareback, which they described as being horny, as Pete and Robert explain:

'[] we were just desperate and ended up having sex in his parked car in the car park that was the only place we could find. Whatever, there was a sort of suspicion there, there were no condoms. Um I, we hadn't discussed it before hand, I really fancied him, was really horny []'

(Pete, 29: top narrative)

'I-I was just I was so horny at the time I was so turned on there had been a lot of passionate kissing, some biting, and it had got to a very hot stage when you needed something a bit more penetration wise...'

(Robert, 31: bottom narrative)

As illustrated in these two excerpts, horniness can be both a response to sexual stimulation, as in Robert's narrative, as well as being a driver for sex, as in Pete's narrative, where he is aroused before the encounter. In addition, horniness can also refer to finding something erotic, and participants also spoke about how they found barebacking erotic, a topic I return to in Chapter 5. In both excerpts, though, Pete and Robert locate their barebacking encounter not in just being aroused, but specifically relate it to the intensity of the arousal. Sexual arousal has an impact on judgement and decision-making and perceptions of risk (Ariely & Loewenstein 2006; Anderson & Galinsky 2006). Another observation validated by the data from the present study is that there also seem to be interactions between sexual arousal and substance use, and sexual arousal and the attractiveness of a partner (Ariely & Loewenstein 2006; Shuper & Fisher 2008). (Note that substance use and partner attributes are considered later in this chapter.)

3.3 SUBTHEME TWO: CONNECTING WITH BAREBACKING PARTNERS

The previous subtheme explored the affective states that participants experienced prior to engaging in bareback sex. The next subtheme is concerned with how and where participants met these partners, described here as ‘connecting with barebacking partners’. To connect with prospective partners, participants used different ‘spaces’. I have defined these spaces as technological spaces, such as the internet or smartphone applications, as well as the more tradition physical spaces, such as bars, clubs, house parties and sex venues (an overview for each participant is provided in Table 3.1¹⁷).

Each space that a man used to connect with a prospective barebacking partner was accompanied by a set of rules and conventions that participants needed to navigate, a finding supported by the literature (Brown & Maycock 2005). How participants connected with prospective partners is of relevance for two reasons. First, consistent with the literature (Braine et al 2011; Fernandez-Davila & Lorca 2011), the rules associated with each space appear to govern the nature and content of any communication. Second, they could also affect the type of partner and the type of sex engaged in (including the use/non-use of condoms). I will begin with a consideration of technological spaces before moving to the topic of physical spaces; however, it is worth noting beforehand that there was interconnectedness between the two, as men could connect with partners in one space and then have sex in another space.

3.3.1 ‘HARDCORE COUPLE LOOKING FOR A THIRD...’ TECHNOLOGICAL SPACES

Five participants used technological spaces to connect with sexual partners that they subsequently barebacked with. Three different technological spaces were used by men in this study. Internet dating sites (Gaydar™ and Recon™) were used by four participants; location-based social networking applications (Grindr™) were used by two participants and a telephone chat room (Vodafone™) was used by one participant. In this section, I will focus of the first two spaces, as these have more recently superseded the latter in relation to meeting sexual partners.

3.3.1.1 THE INTERNET

The literature suggests that the internet is a common space for gay men to meet sexual partners and it has been noted that it is associated with high-risk sexual

¹⁷ William and Barry did not have bareback sex with casual partners so are not included in this table

behaviour (Elford, Bolding & Sherr, 2001; Engler et al 2005; Bolding et al 2005; Berg 2008; Bauermeister et al 2010). While its use is commonplace, for participants in this study, the manner in which they used the internet differed.

Table 3.1 Where and how participants met their casual barebacking partners

Participant	Where / how met casual partner	Where bareback sex occurred
Peter	Internet (Gaydar/ Recon)/ mobile apps (Grindr) Cruising grounds / cottages	His home Cruising ground
Andrew	Internet (Gaydar / Recon) / mobile apps (Grindr) Cruising grounds Saunas/sex clubs Sex party	Their home/his home His home Sauna Sex party in somebody's home Cubical in sex club
James	Sauna Dance club	Sauna Their home
Pete	Party Dance club Unclear	Car His home Unclear
Pavel	Internet (Gaydar)	Their home/his home
James-Lee	Sauna	Cubical and glory hole in a sauna
Luc	Internet (not specified) Sauna Unclear: on-going casual partner	Unclear Sauna unclear
Mark	Sex club/sex party	Padded platform in orgy room in sex club Sex party in somebody's home/dungeon space
Richard	Telephone chat room Pick up bar Unclear: on-going casual partner	Unclear Hotel room Unclear
Robert	Friend, been out drinking	Unclear
Paul	Local pub	His home

For some, such as Luc, the internet was used instrumentally:

'So I start, I was bored, I went on the internet first for fun'

(Luc, 44: bottom narrative)

While Pavel's use was more deliberate, active and specific:

'usually when we have fun we just we get in some drugs and erm then we invite other people and basically find somebody on Gaydar and then we meet these people.'

(Pavel, 36: bottom narrative)

Pavel's example also highlights the intersection between the internet, substance use and bareback sex, a finding consistent with the literature (Berg 2008). I return to the issue of substance use and bareback sex later in this chapter. Andrew's barebacking encounter also involved internet use (as well as substance use); however, his encounter appeared to be more incidental than deliberate:

'I had met one of the couple for a while just one-on-one and then when I met the partner and the partner saying I don't do protected sex so the first couple of times I didn't bother meeting and then it just happened that I was online one day and they came online and they were having a session and I was up for it so I went over'

(Andrew, 32: top narrative)

It just happened that Andrew had been logged into the internet when this couple came online. The reason that he had previously avoided sex with this couple was because they were HIV-positive, and one of the couple only engaged in bareback sex. He knew that by agreeing to meet the couple for sex that he was also agreeing to have bareback sex with them. The literature suggests (Elford, Bolding & Sherr 2001; Bolding et al 2005) that engaging in discordant bareback sex is more likely with partners met off the internet. The internet however, was also used to inform sexual decision-making and the management of sexual risk as Peter explains:

'If a guy on Gaydar usually will say I like barebacking with big letters or whatever I will usually avoid him but strangely enough that's probably unconsciously to do with risk if someone is clearly a big barebacker they are positive and that's an assumption I make.'

(Peter, 40: versatile narrative)

Perhaps unexpectedly for an individual seeking bareback sex, Peters avoids partners who are also seeking bareback sex. This highlights how participants would use the internet as a tool not only to connect with partners, but also to employ population level sero-sorting, excluding partners perceived to be risky or assumed to be HIV-positive. This finding is consistent with the literature (Brown & Maycock 2005; Davis et al 2006a; Frenandez-Davila & Lorca 2011), which reports that individuals use the inbuilt functionality within the website for filtering of prospective partners. The literature also suggests that there is a rather complicated picture of how individuals present themselves online, with men seeking bareback sex not necessarily being explicit about their desire in their online profile or during online discussions with

partners. This means that when individuals filter prospective partners they have to 'decode' information contained in their profile and also consider what information is absent from their profiles:

'I mean sometimes you know it just been things like when I was going for this party because you know they all have the status on the Gaydar saying safer sex and then if they have this little thing needs discussion. So if you go to the kind of party you kind of assume that they will be positive...'

(Pavel, 36: bottom narrative)

It is suggested in the empirical research that individuals are more likely to disclose their HIV status via the internet than face-to-face (Brown & Maycock 2005; Fernandez-Davila & Lorca 2011; Braine et al 2011). Yet there are also times when individuals are reluctant to openly express their HIV status on the internet, particularly as internet dating sites are in the public domain which has led to the development of certain culturally mediated approaches that allow men to communicate sensitive information such as their HIV status, or their desire to bareback, without explicitly stating it. Pavel's excerpt shows how individuals use the inbuilt functionality of a website alongside more sophisticated ways of appraising the profile content of potential partners. Thus, ticking the 'safer sex box' not only denotes an individual's penchant for safer sex, but it is also interpreted as evidence of a prospective partner's HIV status.

3.3.1.2 LOCATION-BASED SOCIAL NETWORKING APPLICATIONS

Location-based social networking applications (LBSNA) are a relatively new addition to how gay men connect with men for sex. These applications are downloaded to smartphones for use 'on the go' and inform the user of other men in the locality (ordered by distance) who also have the application. The user, if interested, can send messages with pictures attached if desired. Although only two participants reported using location-based social networking applications (specifically Grindr™), this method warrants consideration for two reasons. First, there is a dearth of literature pertaining to this relatively novel technology and its relation to bareback sex. Second, although similar in some aspects to internet sites, the different manner in which this technology is used appears to impact on the sexual encounter, as Peter and Andrew explain:

'Most of the time, most of the shags I have around my place and they are usually people I don't know and they are usually, I live on

the High Street so they are usually people going past and they would appear on Grindr so I'll be in the middle of working because I work from home and they'll just come up for twenty minutes or half an hour or whatever. And it's all good, works for me. But um you are probably going to have me committed after this. But you know there is definitely no discussion around that [HIV status or condom use]'

(Peter, 40: top narrative)

'Erm so I've done fisting a few times, I haven't done it recently, erm more because I've not put myself, I've not, I guess actually one of the big impacts recently is Grinder on the iPhone and you tend to where I used to use Recon and be in a fisting room let's say you knew it was more likely to happen whereas on Grinder it tends to be quicker meets and more of the kind of normal stuff. But erm in relation, so kind of to the harder stuff there's a few people I had met and we did a bit of, bit of pissing and pissing and, I'd piss in them or piss on them.

(Andrew, 32: top narrative)

As demonstrated in these narratives, there are several differences between LBSNA and the internet. LBSNA have the potential to affect the frequency of sex; for example, the fact that Peter resides in a relatively high-density gay area means there is an almost constant supply of possible new partners. Both men's narratives suggest that sex also appear to be more immediate and of shorter duration, compared to connections made via the internet. More specifically, in relation to barebacking, there seems to be little or no screening in relation to potentially risky partners, and little or no discussion about HIV or condom use. Furthermore, the technological space used also appears to determine not only the partner type, but also the type of sex. As seen in Andrew's narrative, his switch from internet chat rooms - specifically fisting chat rooms - to LBSNA to connect with men has resulted in partners less inclined to be into this activity (i.e. fisting). This is of note, as in Andrew's experience men who were into fisting were more likely to desire bareback sex. His shift in the use of technology to LBSNA to seek partners has therefore resulted in less bareback sex. For Peter, the amount of bareback sex he engages in appears to be similar regardless of the technology that he uses; however, the bareback sex he engages in with partners he connects with using LBSNA is potentially riskier as there is little filtering and no discussion of HIV.

3.3.2 ‘... SO WENT TO A SAUNA...’: PHYSICAL SPACES

3.3.2.1 SEXUALISED SPACES: SAUNAS, SEX CLUBS, SEX PARTIES AND CRUISING GROUNDS

Another popular way to meet barebacking partners was to find a specific environment where men can meet and engage in sex. In London there are a variety of sexualised spaces including 37 cruising grounds¹⁸, 13 gay saunas and 10 gay sex clubs/gay bars/clubs with dark rooms¹⁹. These spaces were perceived by participants as places where bareback sex is a common activity, as the following excerpt from Andrew suggests:

‘Erm although I do find with the gay world right now [] being more adventurous about kind of saunas and going to places you know sex clubs and stuff that it [barebacking] is generally happening a lot more. There’s usually a queue of people ready to try it without a condom. Erm almost to the point that people stop people putting it [a condom] on, erm so it’s, it’s happening a lot.’

(Andrew, 32: top narrative)

Not only are these spaces in which barebacking is both acceptable and normalised, as indicated in Andrew’s narrative, there was also an increase in the availability of men who were willing to engage in and initiate bareback sex. Consistent with the literature, these spaces set the parameters for communication and acceptable behaviour (McInnis, Bradley & Prestage 2011), in particular, that sex occurs ostensibly in silence, as demonstrated in the following comment from James-Lee:

‘I was doing a glory hole and first this guy gave me blow jobs and then I can feel that actually he was doing anal without putting a condom on.’

(James-Lee, 36: top narrative)

Within these environments, bareback sex could occur without the need for verbal communication, and as seen in the example by James-Lee, when the sex occurred through a glory hole²⁰, it could also transpire without even seeing what a partner looked like. Moreover, given that neither James-Lee nor, as far as he is aware, his sexual partner were

¹⁸ According to PinkUK accessed 25th July 2012 at 16:56

<http://www.pinkuk.com/listings/cruising/cruisingListing.aspx?cid=2>

¹⁹ According to discodamaged accessed 25th July 2012 at 16:57

<http://www.discodamaged.com/londons-gay-saunas-and-sex-clubs.html>

²⁰ A ‘glory hole’ is a hole in a wall in which one partner inserts his penis to be sexually simulated by another person, normally anonymously (see Bapst, 2001)

disturbed by the anonymised sexual event, this suggests that such behaviour is commonplace within these spaces. Both James-Lee's and Andrew's narratives contribute to the notion that bareback sex is a normalised behaviour within these spaces. A plausible explanation for this normalisation is that as patrons observe other men engaging in this behaviour, this reinforces the notion that barebacking is both acceptable and normal in these spaces. Men who seek bareback sex then gravitate to these spaces, thereby increasing the pool of men willing to bareback. In turn, men become less inhibited in initiating barebacking and more men engage in it. However, this normalisation of the behaviour also contributes to the widespread perception of such locations as 'places of danger', a perception that holds whether a man attends these places or not. As Richard explains:

'it's sex of any kind you like, uhmm... not, it-it-its kind of like a cavalier thing, oh nothing to worry about come along and come along and have fun and not anything else about safe sex, you know what I mean?'

(Richard, 50: bottom narrative)

Also consistent with the literature (Holmes et al 2008; Fernandez-Davila & Lorca 2011), is the finding that many participants conceptualised sex venues as spaces of danger. Mark, however, offered a counter-narrative that is broader than the risk of sexual infections:

'if I'm going to play with somebody I don't know I know there's a whole lot of other people around there who if I yell because something is going wrong never happened but I know there's the option there to get some help if something goes wrong. And I know that in many places if somebody is not using a condom somebody else will let me know.'

(Mark, 51: bottom narrative)

In the reflection given by Mark, sexual safety is more than safer sex since it also includes physical safety. He argues that sex which occurs within a sexualised space such as a sex club is safer because of a sense of social cohesion, especially against anti-gay violence. The expectation that governs barebacking behaviours, then, is protective since if something happens there are people who can step in, unlike the situation that occurs at home which offers no such protection. How such protection would actually work in practice is debatable as people may not wish to get involved.

3.3.2.2 NON-SEXUALISED SPACES: PUBS, CLUBS AND HOUSE PARTIES

Seven of the participants contextualised their barebacking encounters with meeting casual partners in non-sexualised spaces such as pubs, clubs and house parties. Their experiences are both similar and different from those mediated through sexual or technological spaces for several reasons. First, like sex mediated through technological spaces, the sex invariably occurred somewhere else such as a house, hotel, and, in one narrative, a parked car. Unlike technological spaces, however, partners were not screened specifically for bareback sex or were not necessarily filtered in relation to risk, although as I discuss in the preceding chapter some men in this study did filter barebacking partners based on other factors. In addition, both technological and sexual spaces where there may be an expectation that barebacking is likely, non-sexualised spaces were perceived as places where condom use may be more likely, as Pavel explains:

'I mean if I want to have sex with a condom I would go to a bar and pick up somebody that likes that kind of thing.'

(Pavel, 36: bottom narrative)

There may be several reasons for this perception. As detailed earlier in this chapter, different spaces are associated with different etiquette and perhaps attract different clientele. In addition, participants have different expectations regarding bareback sex dependent on the environment in which they are operating. Men who connected with their barebacking partners in pubs, clubs or house parties would still need to go through a process of sexual negotiation, including negotiation of whether there will be the use/non-use of condoms. (Note that this topic is discussed in more detail in the following chapter.)

There was one observation from the data that warrants further exploration, however, and this relates to participants' perceptions of safety. Participants who had sex at home (i.e. either their own or their partner's) revealed that because the sex was happening in a home, the situation created a feeling of safety, as encapsulated by the following excerpts:

'Er so this felt like I was being safe because I was in my own house but at the same time being, so I was comfortable but I was being a bit risky at the same time.'

(Paul, 38: bottom narrative)

'I guess it was the scenario just made it feel slightly less risky although on paper the risk is the same but the fact it was at someone's house and it kind of made the whole thing much less anonymous, it was someone I'd actually talked to for some time, not some guy that's a stranger.'

(James, 34: top narrative)

Both Paul and James acknowledge that there are potential health risks involved in these encounters, yet state that because the sex occurred within a home, they were left with a feeling of safety. Congruent with the literature (Holmes et al 2008), this finding may be related to the familiarity of the location, as detailed in James' narrative, or the possibility that sex may feel less anonymous potentially due to a longer build up, which gives more time for a participant to develop a sense of familiarity, as described in Paul's excerpt. This heightened sense of safety is in contrast to the perception of sex that occurs in sexualised spaces, which not only is more immediate but is also affected by the fact that the venues themselves are constructed as spaces of danger. Whatever the reason, the venue where sex occurs may affect men's perceptions of safety, and it is perhaps these perceptions of safety which in turn lead to some men taking greater risks.

3.4 SUBTHEME THREE: PARTNER ATTRIBUTES AND BAREBACKING

The third subtheme of this present super-ordinal theme (how men locate their barebacking encounters), relates to partner attributes in relation to barebacking. So far I have presented the various affective states those participants experienced prior to their barebacking encounters, as well as how they connected with their barebacking partners. However, having selected a partner, the partner's attributes could also influence a participant's decision to bareback and so this forms the third subtheme. For example, attributes such as the attractiveness of a partner, or feelings of familiarity or trust, were associated with barebacking. This next section explores these factors in more detail.

3.4.1 'I'VE GOT THIS HOT GUY, MAKE THE MOST OF HIM WHILE I'VE GOT HIM...'

Participants talked about two different aspects in relation to partner attributes; one was related to physical characteristics, and the other to non-physical characteristics.

'I was just completely, uhmm... kind of, overwhelmed by what was going on because [laugh] this guy was, uhmm, again, a-a-a lot younger than me very, very fit, he was quite, uhmm... assertive in bed. He was, kind of, uhmm... quite a, not really, really big, broad guy but he was, kind of, quite muscular. I kind of quite if I am honest I liked uhmm... the

fact that he was being dominant. He was very, very good... in bed and I just wanted to enjoy that. I-I remember thinking at the time it's uhmm... this is – I, I, I shouldn't have allowed this to happen but just completely lost in the moment, to be honest.'

(Richard, 51: bottom narrative)

In the excerpt from Richard, there can be seen several qualities that he finds attractive about this partner. There is a combination of physical characteristics such as his partner's youth and muscularity, in addition to attitudinal characteristics such as his partner's assertiveness and dominance. Consistent with the literature (Ridge 2004; Holmes et al 2008), there was a complex interplay between conceptions and performances of masculinity. For example, in Richard's excerpt, hegemonic constructions of physical masculinity (e.g. fitness and muscularity) are in concerto with performances of masculinity (e.g. sexual prowess, assertiveness and dominance). These are attributes that Richard liked and which allowed him to be "lost in the moment". These same perceptions were found in other narratives too, where partner attributes, and more specifically masculinity, were associated with barebacking encounters. These hegemonic conceptions of masculinity could not only contribute to individuals engaging in bareback sex but also influence the level of risk they were prepared to take, with participants allowing men with desirable characteristics to penetrate them bareback for longer. This link between conceptions of masculinity and sexual behaviour is consistent with the literature (Halkitis, 2001; Halkitis & Parsons 2003; Halkitis, Green & Wilton 2004), and an issue to which I return later in the thesis.

Another symbol of masculinity and a physical attribute that stood out in men's narratives in relation to barebacking was the attractiveness of a partner's penis. In a theme which was exclusive to bottom narratives, an attractive penis could 'complete' the package:

'I liked him he was gorgeous, a nice dick and everything.'

(Pavel, 36: bottom narrative)

While for others a "fantastic cock" attached to a partner could directly influence their decision to bareback, as Peter explains:

'It's not just if they are hot sometimes they may not be hot but they have got a fantastic cock. Um and that makes a difference and I might let someone with a fantastic cock fuck me without a condom.'

(Peter, 40: bottom narrative)

It was difficult to ascertain from the narratives why the attractiveness of a partner's penis would affect barebacking behaviour. It could have been the aesthetics of the penis, or the anticipated pleasure that it may provide. Conversely, it may have been because penises are considered symbols of power and masculinity, especially large penises (Groß, Parsons & Bimbi 2010). Yet, several men did not necessarily desire larger penises, and in fact would avoid them:

'if their cock is too big or if I'm not up for being fucked I won't let them fuck me.'

(Andrew, 32: bottom narrative)

This finding is in contrast to the literature in which it has been reported that men with larger penises are more likely to be tops while those with smaller penises are more likely to be bottoms (Wegesin & Meyer-Bahlburg 2000; Groß, Parsons & Bimbi 2010). Partner attributes were often presented in men's narratives as being related to how the participant perceived themselves; this relation is encapsulated in the following excerpt from Luc:

'So I went to a sauna and uh, there were two, two very good looking men that actually were attracted by me... I was a surprised [laugh] 'cause I don't see myself as attractive. So I said, I can't say no to that. And uhmm, then we had unprotected sex. In any kind of way you can conceive, so... ah, the three of us...ah it was a fantastic time...Even now, I think it was extremely good but the same time it was extremely stupid.'

(Luc, 44: versatile narrative)

Luc describes these casual partners as being "very good looking" and explains that he was surprised they were attracted to him because he doesn't consider himself to be attractive. Luc clearly places the attractiveness of his partners as directly relational to his conception of his own attractiveness, and this was common finding among participants. Further, this relation between partner attractiveness and personal feelings of attractiveness was often bound with the participant's self-esteem. This situation could be seen later in Luc's narrative where he explains his frustration that the men he meets often don't look beyond

his physical looks. In the excerpt, Luc goes on to explain that because of the opportunity that he is confronted with (i.e. having sex with two men that he considers to be very attractive), he couldn't refuse to have bareback sex with them. Moreover, in other narratives, when a participant described having sex with somebody they considered to be better-looking than them self, they would relinquish themselves totally to the partner and allow the partner to do whatever they wanted to do, including bareback sex:

'When I have sex with somebody that actually is, actually is much better looking than me, I feel like he is actually much better looking than me I will do just everything he wanted me to do. You know. So there is a level of superiority you know what I like.'

(James-Lee, 36: bottom narrative)

What can be seen, therefore, is a difference between partners in which personal characteristics create a shift in the interpersonal dynamic, where one partner is perceived to have greater sexual 'currency' than the other. This phenomenon has been described by Hakim (2010) as 'erotic capital'. This discrepancy makes men who perceive that they are in some way less attractive feel less equipped to refuse their partner for fear of rejection, as described in both Luc's and James-Lee's narratives. Furthermore, and as seen in the previous narratives, a person's perception of their own attractiveness may be related to a range of characteristics that go beyond traditional good looks, and may include physical and attitudinal aspects. An individual's capital thus remains in a state of flux, and therefore can pertain to in an individual in one situation with one partner yet not in another.

3.4.2 'THERE WAS LIKE A FRIENDSHIP...'

Another aspect of partner characteristics that participants associated with bareback sex was the nature of the interpersonal relationship. The term 'casual partner' is often used by clinicians and academics as representing a homogenous conceptualisation of a sexual partner who is not a regular or romantic partner; as such, it is rather a clumsy term that covers a multitude of partner types. For example, according to this definition a casual partner could describe an anonymous partner, whose identity is completely unknown, such as when someone has sex through a glory hole. Likewise, it could also be used to describe a close friend with whom a person has sex following a drunken night out. While both encounters could be considered casual, the nature of each relationship is in fact very

different. In terms of the types of casual partners that participants in this study had bareback sex with, I noted three different types.

- 1) One-off anonymous casual partners that the participants had never met before, as in Peter's narrative:

'Most of the shags I have around my place and they are usually people I don't know.'

(Peter, 40: top narrative)

- 2) Casual partners whom participants had sex with on an ongoing basis, as in Luc's narrative:

'I mean people I knew of a little while,... ah, that...ah...ah, we discussed, I mean I met them before you know the thing is sometimes you've got anyony-anonymous sex

Yeah.

sometimes thought people that you carry on meeting and after a little while...I am not going to talk about friendship, that, that would be far too much that was kind of becoming acquaintances, I would say.'

(Luc, 44: bottom narrative)

- 3) One-off sexual encounters with friends. as in Roberts's narrative:

'a friend erm that I'd kind of known for a while and-and trusted'

(Robert, 31: bottom narrative)

In terms of sharing their experiences of barebacking, participants went to great pains to explain the nature of the relationship; however, the complexities of the different types of casual partner meant that some participants had difficulty in articulating the nuances of the type of casual partner. Establishing the nature of the partner type was important as familiarity with a partner was associated with the likelihood of bareback sex taking place. While some participants developed feelings of familiarity during a one-off encounter, or as in Robert's example had already developed such feelings because the sex was with a friend, feelings of familiarity commonly developed over several encounters, as the following excerpt from Richard demonstrates:

'...before that, I'd had unprotected sex other than with, uhmm... my former partner was with uhmm... a guy that's, uhmm, I'd met three or four times. Really, there was – it was never a relationship. It was always just for casual sex and uhmm...there was like, a friendship involved, you know. We did go out for, for dinner and uhmm... there was never any suggestion that, you know, we'll, we'll date or move in together, anything like that. And on one occasion... before that, uhmm... he, uhmm, we had unprotected sex and... he just got, he just, he just did it before I really – well, I wasn't drunk that night. But before I even realized that he hadn't put anything on, he was in me already. Uhmm..... now that should have in a way rung the same, sort of, alarm bells as the-the episode I just described to you. But, uhmm... it didn't – it was clearly... without doubt... a risk.'

(Richard, 50: bottom narrative)

Of note is the detail that Richard recounts in describing the nature of the relationship and in particular the non-sexual elements of the interpersonal dynamic, such as going out for dinner. Richard struggled with conveying the essence of the relationship, with him resorting to explaining what the relationship was not in order to explain the actual nature of the relationship. Although participants met these partners on more than one occasion, men were clear that these types of sexual connections were neither romantic relationships nor friendships in the traditional sense. However, as in the example given by Richard, they could still have a social element to them. It is the very nature of these encounters that fosters a sense of familiarity, as individuals get to know their partner better, and it is this familiarity that enables two things to occur. First, it allows for discussions between participants and their sexual partners to occur perhaps in a way that is actually more difficult than with somebody considered to be anonymous. These discussions included HIV status, their sexual histories and sexual conduct with other/previous partners. Second, it gave the participants time to, in the words of Luc, “get a feel” for the person they were having sex with. As such, the participants were engaged in an on-going process of appraisal of their sexual partner, continually assessing their trustworthiness through these two behaviours.

For example, familiarity between Richard and his partner enabled the deployment of trust between him and his partner. Trust in this situation has a symbolic function that provides a solution to a specific problem (Lumhann 2000), that is, the desire to have bareback sex. As such, the men's narratives showed that familiarity with a partner was closely linked to the participant's ability to trust the partner in relation to engaging in

bareback sex. This finding highlights the role that familiarity and trust played in the contextualisation of barebacking in men's narratives with casual partners.

Participants also made judgements about their partner, on the basis of which they decided to engage in bareback sex. (This is an issue I return later in the thesis.) What informed this type of assessment, and also made the encounters feel less risky, was a participant's willingness to believe their partner and how confident they felt in placing their trust in them, as Pete explains:

'I don't' think it's completely true to say that just because someone is a stranger you can't have any idea what they are thinking. It's not going to be a one hundred per cent you know fit, it's not going to be sort of er you are not going to be able to trust them as much as you trust your friends or your partner after a period of time and then might turn out to be a complete you know pathological bastard who you know pretended to be sweet, innocent and caring. All those things said on balance you know to an extent you can tell.'

(Pete, 29: versatile narrative)

As illuminated by Pete's narrative, trust was a recurring theme that men in this study discussed in relation to barebacking with casual partners. While trust was more common with partners that participants had seen over several occasions, trust could also be invested in a partner that may be considered a 'stranger', as Pete asserts in his narrative. In Pete's case, this stranger was a man he met at a party and subsequently ended up dating. However, it appears that whether it is a stranger as in Pete's case or a partner seen over several encounters as in Richard's narrative, the basis of trust is the same. Derived from the interaction with a partner, it is based on an assessment of the partner, which relies on not only the perceptions of the partner, but also the reliability of that perception. It may have involved discussion about HIV status or testing, or it may be based on perceptions of a partner's sexual conduct. It may even be based on factors that were not discussed by participants in their narratives; for arguments sake, it could have to do with whether their partner appeared to be a nice person, or if they treated them considerately during sex. Furthermore, several participants in his narrative, including Pete, also made the point that knowing someone for longer doesn't necessarily make the basis of trust any safer. Knowing someone for a longer period of time, however, might ease the decision to trust, as such trust would be based on more material than could be gleaned over a shorter duration of time. Moreover, bottoms appeared to rely on trust more than tops, perhaps reflecting the

greater risk that they are taking by having bareback sex with a casual partner than men who are tops.

3.4.3 'IT TAKES YOUR RELATIONSHIP TO A DIFFERENT LEVEL' ROMANTIC PARTNERS

Gay men are more likely to engage in bareback sex with a romantic partner than they are with a casual partner (Appleby, Miller & Rothspan 1999), a claim that is supported by this study in which all of the participants with the exception of James had engaged in bareback sex in the context of a relationship. Barebacking with a romantic partner was something that all participants considered unique, special and an important dimension of an intimate relationship, including James:

'...I guess particularly if you were in a relationship if you were having sex without a condom and your partner is the only person that you'll have sex with without a condom then you know that kind of takes your relationship to a different level of trust and intimacy and probably pleasure as well.'

(James, 34: top narrative)

Barebacking with a romantic partner was something that James had neither engaged in nor intended to engage in. Yet in his narrative he describes several of the factors associated with barebacking in relationships, as well as eloquently conveying the value men ascribed to it. In setting the scene or contextualising barebacking with a romantic partner, a participant would invariably talk about the nature of their developing relationship. There were, however, some men in this study who perceived that the bareback sex they engaged in was in the confines of a relationship, yet in fact actually took place when the relationship was still to be established:

'...so it was with a guy who was at the time a stranger although I would end up dating. There was a bit of discussion beforehand about whether he'd done this before and whether I had. [] that's what happened then we had sex and I can't remember, I think I fucked him and he fucked me and it was very nice. I don't think we came in each other though.'

(Pete, 29: versatile narrative)

Pete's narrative is fairly typical of those participants who had bareback sex during a first sexual encounter, with a relationship developing subsequently. As with casual partners, these encounters typically involved either no or minimal discussion prior to the couple

engaging in bareback sex. In Pete's case, he and his partner had a brief discussion to establish if either of them had engaged in bareback sex in an attempt to minimise risk. Also of note, and more typical of barebacking with casual partners, was that internal ejaculation was avoided; such avoidance was not characteristic of barebacking in relationships more generally, where ejaculation was an important aspect of their meaning-making, as discussed in more detail in chapter 5.

Men in this study were not oblivious to the risks that they were taking by engaging in bareback sex with a casual partner, even if it was a casual partner that they had seen several times or trusted a lot. Across most narratives, participants articulated that there was either an increased risk associated with this behaviour, or that the risk was identical to that associated with other casual partners. Despite this awareness of the actual risk, feelings of familiarity and the investment of trust could make the bareback sex feel less risky. This made it easier for participants to engage in barebacking with these partners.

3.5 SUBTHEME FOUR: BAREBACKING AND SUBSTANCE USE

The use of alcohol and drugs by participants was an intimate part of their social and sexual lives and so this final subtheme of this chapter is concerned with barebacking and substance use. Substance use was common among participants and was a common feature in men's barebacking experiences. Although many studies have associated barebacking with substance use (Adam et al 2005; Adams & Neville 2009; Adam, Sears & Schellenberg 2000; Aguinaldo & Myers 2008; Braine et al 2011; Halkitis et al 2008; Hubach, DiStefano & Wood 2012; Meyer & Champion 2008; Natale 2009; Peterson et al 2003; Strong et al 2005; O'Bryne & Holmes 2011) I am acutely aware that focusing on substance use can sometimes prevent exploration of the broader dynamics that transcend their use. As Leigh & Stall (1993: 1040) state, *"(b)y targeting alcohol or drugs as the cause of harmful behaviour, actions that take place under the influence are explained with reference to the substance rather than the individual"*. It is with this in mind that I will attempt to provide a more detailed and nuanced account of men's experiences of substance use in relation to their barebacking experiences. It should be noted, though, that there were some anomalies in men's accounts, as participants could present conflicting views within their narrative.

A range of substances were used by the men in this study, and Table 3.2 provides an overview of the participants' substance use. Despite most participants using substances, their patterns of use varied from infrequent to regular. Substances were consumed by

participants for a variety of reasons, including social reasons, or specifically for sex, or to ameliorate negative affective states. In particular, alcohol was used to address a negative affective state. Substances were also consumed by men in relationships prior to the first episode of bareback sex. Although a common feature in many men's barebacking narratives, the relationship between substance use and barebacking was rather complicated. For some participants, the use of substances appeared to be instrumental to barebacking, while for others this was not the case.

Table 3.2: Substance use among participants

<i>Participant</i>	<i>Global drug use (drug type)</i>	<i>Specific drug use (drug type)</i>	<i>Alcohol</i>
William	Yes (not specified)	Yes (not specified, Viagra)	Yes
Peter	Yes (steroids, co proximal, MDMA, E, G, K, Coke)	Yes (incidentally and Cialis)	No
Andrew	Yes (not specified)	Yes (poppers and not specified)	Yes
James	Not discussed	Not discussed	Yes
Barry	Yes (not specified)	Yes ('Pill's')	Yes
Pete	Yes (Coke, pills, MDMA, Ketamine, poppers)	Incidentally	yes
Pavel	Yes (not specified)	Yes (crystal, Viagra and not specified)	Yes
James-Lee	No	Yes (Viagra)	No
Luc	No	Yes ("little blue pills")	No
Mark	No	Yes (MDMA)	Yes
Richard	Not discussed	Not discussed	Yes
Robert	Yes (not specified)	No	Yes
Paul	Yes (not specified)	Yes (coke, Viagra)	Yes

3.5.1 'I'D HAD A FEW DRINKS...' SUBSTANCE USE INSTRUMENTAL TO BAREBACK SEX

There were several examples in men's narratives of how substance use was instrumental to a barebacking encounter, although the majority of these situations were associated with use of alcohol rather than recreational drug use. I will therefore consider alcohol use first. Even though each experience of barebacking was unique, there emerged two distinct narratives in which the use of alcohol appeared to be instrumental in the non-use of condoms. In one type of narrative, men asserted that a particular barebacking experience would not have occurred if they had been sober, as illuminated in the following excerpt from James:

'[the barebacking was the result of] some poor decision-making influenced by being under the influence of alcohol and just not

being quite as risk adverse as I should be, as I would be when I was sober.'

(James, 34: top narrative)

Consistent with explanations in the literature (Adam, Sears & Schellenberg 2000; Paterson et al 2003; Adam et al 2005; Halkitis et al 2008; Adams & Neville 2009; Natale 2008), James attributes bareback sex to poor decision-making as a result of his use of alcohol. As seen in the exposition of the literature, this is suggestive of him attempting to manage his own culpability for his barebacking behaviour (Adam, Sears & Schellenberg 2000; Aguinaldo & Myers 2008). Like other participants, he felt that the alcohol may have affected his ability to make rational decisions, yet he asserts that he wasn't so drunk that he didn't know what he was doing. This assessment of the situation is in contrast to that offered by other participants, where the effect of alcohol was related to the perception of having a lack of control within an encounter, as described by Richard:

'... on this particular occasion, uhmm... it wasn't until I really got back to the hotel room that... you know, it was just slowly beginning to dawn on me that I was really quite drunk and not really in control of things. And really, I think... [sigh] he-he'd penetrated me really before I had even knew what was happening.'

(Richard, 50: bottom narrative)

In James' narrative, he described how alcohol affected his judgment but in Richard's narrative his level of intoxication not only rendered him unable to articulate his desire to use condoms but also contributed to him having a lack of awareness of the situation unfolding around him. In this scenario, it is not just that Richard had used alcohol that is significant but more specifically the level of intoxication. The relationship between the level of intoxication and bareback sex could also be seen in other narratives where men would state that they were "very drunk" when contextualising their experiences. Furthermore, in addition to intoxication in Richard's narrative, there were also several converging factors that must additionally be acknowledged: he was in a low mood, he considered his partner to be very attractive, and finally the top may have read Richard's silence as assent to the sex. This last point is one that I will return to in the next chapter.

In relation to drug use, participants highlighted a multitude of ways in which drugs may have influenced barebacking encounters. These included passing out whilst on drugs with sexual activity then occurring, or drugs affecting the perception of time, which could

lead to being penetrated for longer thus increasing the risk of transmission of HIV. Furthermore, men who identified as tops reported that they were more likely to bottom when “high” on drugs, compared to when they were sober as the drugs enabled them to relax more. However, more commonly, drug use appeared as just one in a number of coalescing factors, as the following excerpt from Andrew demonstrates:

‘Erm and on a number of occasions I’ve stopped and put a condom on and then sometimes between a combination of the poppers and the condoms and stuff you kind of lose your erection, take it off and you’re kind of playing around with it and they sometimes sit on it again and you are back to square one.’

(Andrew, 32: top narrative)

Even though Andrew had stated in his interview that he didn’t feel that drugs had influenced his barebacking behaviours in this excerpt, he links his drug use (amyl nitrites) with barebacking with casual partners. His drug use in conjunction with difficulties in using condoms results in erectile dysfunction and subsequent bareback sex. A further example of substance use being associated with barebacking was given by Peter:

‘Um, er but yeah the steroids do have an impact on the amount of sex I have and the type of sex I have. I think I have more unsafe sex when I’m on them because I am kind of a bit more ‘grr’, you can make it, a bit more sort of gorilla like, I just feel very more, much more macho.’

(Peter, 40: top narrative)

Peter uses steroids two or three times a year, and in this narrative there is an intersection between his use of steroids, which increases his sexual appetite, bareback sex and masculinity. Peter’s use of steroids is intimately linked with his conceptions of masculinity (Halkitis et al 2008a) as he uses them in conjunction with weight training to attain a hyper-muscular body. In addition, these heightened notions of masculinity are associated not only with physical appearance but also sexual behaviour. In HIV-positive MSM, conceptions of masculinity are linked with promiscuity and sexual adventurism (Halkitis, Green & Wilton 2004). Here, conceptions of masculinity intersect with the pharmacology of the steroids and result in an increased amount of bareback sex.

3.5.2 'I'M NOT BLAMING THE DRUGS...': SUBSTANCE USE INCIDENTAL TO BAREBACK SEX

Although substance use was a feature of their narratives, for other participants the relationship between substance use and bareback sex was quite different since substance use was incidental to their encounters. Some comments related to how the substances were used; for example, for some men alcohol was used as a social lubricant, as Mark explains:

'Um if you are in a club you know where you don't know people you are wandering around, I'll probably have a drink to get a little relaxed and to while the time until I start meeting people.'

(Mark, 51: versatile narrative)

In this excerpt, Mark's use of substances - in this case alcohol - was to help him relax and to also fill the time until he met a partner. For other men, alcohol was used to overcome shyness and make sexual encounters feel less awkward. In these cases, the decision to bareback was made independently of and prior to using alcohol, and Mark's decision to bareback was made prior to seeking partners for sex. Another example of this decision-making independent of drugs/alcohol was given by Pavel, who with his long term boyfriend would obtain drugs and seek sexual partners for sex on drugs, known colloquially as 'chem-sex' or PnP (party and play). In this situation, substances are used specifically and selectively for sex. Yet despite being high on drugs Pavel is still able to maintain his personal sexual ethic:

'...another thing is I wouldn't do it with anybody, like with every person even if I'm like high or drunk or whatever [] I never allow him to cum inside me. I mean no. So that, that, that even when I'm high it's a big no-no.'

(Pavel, 26: bottom narrative)

The first aspect of his personal sexual ethic is that in spite of him being high he remains selective with whom he engages in bareback sex. The second part of his ethic is that internal ejaculation remains prohibited. Pavel's view was shared by several participants, who, regardless of the drugs they had consumed, felt in control and more aware on drugs, especially when compared with alcohol, as Robert explains:

'I tend to feel with drugs it makes me more awake and more alert, it probably doesn't but in my mind I feel more aware of what is going on and-and hyper stimulated so I kind of am more acutely

aware. Erm, whereas with alcohol I tend to enjoy alcohol more then I feel that's when my erm, my perceptions become less and I am more likely to take higher risks.'

(Robert, 31: bottom narrative)

For other participants, the decision to bareback preceded the use of substances such as in the examples given earlier in this chapter by Pavel and Andrew. Their decisions to bareback were unrelated to being “disinhibited” or “impaired” and is contrast to some of the literature (Adam, Sears & Schellenberg 2000; Peterson et al 2003; Adam et al 2005; Halkitis et al 2008; Adams & Neville 2009; Natale 2009). Consequently, the nuanced understanding provided in this subtheme of the complicated interrelationship between substance use and bareback sex would suggest that it is how and why substances are used that is perhaps of more relevance to men’s experiences of barebacking than the fact that that these substances are used at all.

3.6 CONCLUSION

In this chapter I have explained how participants locate their barebacking experiences with casual partners in their narratives and have specifically explored the relevant contextual factors. Within this first super-ordinal theme, there were four subthemes: affective states and barebacking, connecting with barebacking partners, partner attributes and bareback sex, and substance use and bareback sex. The chapter has demonstrated that participants often went into great detail in setting the scene to their barebacking encounters, with some directly linking these contextual factors to particular barebacking encounters. Furthermore, this contextualisation has helped locate participants within their psycho-social landscape.

I have shown that affective states are not experienced by participants in isolation. Rather, they intersect with other states and factors in men’s experiences of barebacking with casual partners, such as loneliness and low self-esteem, which for some men are experienced together. Men used substances and sex to ameliorate negative affective states; however, these may only offer temporary respite and in some cases can paradoxically make participants feel worse. While the literature suggests that relationships can be protective against experiencing life orientation issues, participant experiences in this study would suggest that this protective effect may depend on whether there are other

issues in the relationship, or if there are other life events such as bereavement that the person is dealing with.

Notably, while most participants located their barebacking with casual partners within negative affective states, this was not always the case. Unlike the other participants, Mark was unique in describing his barebacking with casual partners as being stress free and in describing himself as having a high self-esteem. Also the way that men presented and discussed sexual arousal in their narratives would suggest that level of arousal may be important.

Participants engaged with barebacking partners in various environments that spanned technological and physical spaces. Each space had its own set of rules of engagement and the space used appears to have influenced the type of partner selected and the type of sex. Sex-charged environments such as saunas were construed by both those who used them as well as those who didn't as places where bareback sex was common and acceptable. It was also common to view such venues as places of risk, although Mark provided a counter-narrative to this view, with them being seen as a place of safety, especially from unwanted sexual advances and anti-gay violence.

Some men based their decision to bareback on the physical aesthetics of their partners; this consideration, however, was not just based on physical appearance but included other attributes such as penis size. While many participants described their partners as being attractive in general, several asserted that the attractiveness of a partner could influence their decision to bareback or the duration of bareback sex. I have also demonstrated that there were many different ways in which a casual partner could be envisioned by participants, ranging from a one-off partner to an on-going sexual partner. The nature of these encounters fostered a sense of familiarity, which in turn contributed to a sense that these partners could be trusted. Where participants had this sense of familiarity with their casual partner, the barebacking encounter felt less risky even though they all acknowledged that there was still some level of risk.

Substance use was common among participants, although the relationship between substance use and barebacking is nuanced and complicated. Some participants made direct links between substance use and their barebacking experience while others did not. Furthermore, the drug use was often incidental to the participant's experiences of barebacking with casual partners as the decision to bareback was often made in advance of

the substances being consumed. Indeed, many participants felt that their drug use did not affect their ability to be in control during a sexual encounter. Where substance use was directly linked to barebacking with casual partners, for some participants it was not that it created an overwhelming urge to bareback, rather it caused other issues such as erectile dysfunction that then led to bareback sex. These findings thus challenge the prevailing notion that barebacking whilst using drugs is the result of poor decision-making. Moreover, the decision to bareback (or not) was often based on a personal sexual ethic, rather than being the result of poor decision-making.

Having explored the contextual landscape of the participants and how they select partners to engage in bareback sex, in the following chapter I present the second super-ordinal theme which is concerned with the 'during' part of the barebacking encounter and explores the act of bareback sex. As such, the discussion will address how men negotiate bareback sex as well as how participants attempt to make bareback sex safer.

CHAPTER FOUR

SUPER-ORDINAL THEME 2: THE ACT OF BAREBACK SEX

4.1 INTRODUCTION

In line with the research aims, this second findings chapter is concerned with those data which pertain to the act of bareback sex itself. As demonstrated in the previous chapter, the spaces used by participants to connect with partners could influence the selection of partners and the nature of the negotiation/communication between the participant and their partners. One example is the use of technology to filter prospective partners or negotiate bareback sex in advance of an encounter. In addition, within certain spaces such as saunas, there are proscribed 'codes' in relation to communicative expectations which may influence the negotiation of sex. Some participants at this stage of a barebacking encounter would have already decided to engage in bareback sex and would have negotiated this with their sexual partner(s). Yet, many participants engage in sex without having negotiated or even having decided to engage in bareback sex.

The focus of the current chapter, the second of the super-ordinal themes, is concerned with how the communication and negotiation of bareback sex with prospective partners occurs during an encounter. The chapter begins where the previous chapter left off, that is, with the partner having been selected and finishes after the commencement of condomless anal penetration. This super-ordinal theme is comprised of three subthemes: the location where bareback sex occurs, the negotiation of bareback sex, and overcoming cognitive dissonance. Once again I highlight where top and bottom narratives converge, but also where there are differences. Building on the location where participants connect with barebacking partners, and drawing on Goffman's (1959) *The Presentation of Self in Everyday Life*, I use his conceptualisation of the performance space to explore how the location where bareback sex occurs may influence individuals during a sexual encounter. Again drawing on Goffman (1959), who conceptualises social interactions as 'performances' in which individuals adopt both the performer and audience roles, I consider how participants and their sexual partners communicate their desire for and negotiate bareback sex during a sexual encounter. I will demonstrate that there is a

complex interplay between the participant and their partner (i.e. between the top and the bottom) that involves the presentation of self and the reading and re-reading between the two partners that informs an individual's decision to bareback. During a barebacking encounter, participants at times experience conflicting thoughts which are part of the ongoing decision-making process. A major component of this thought process is the concern about acquiring HIV; therefore, participation in bareback sex requires the participant to overcome this cognitive dissonance, the exploration of which concludes this super-ordinal theme.

4.2 SUBTHEME 1: THE LOCATION WHERE BAREBACK SEX OCCURS

The first subtheme of super-ordinal theme two pertains to the location where participants engaged in bareback sex. Men in this study engaged in bareback sex in a variety of different locations. This locations could be the same as where individuals connected with the sexual partner; for example, those men who attended sex venues would generally (although not always) have sex on the premises. Conversely, the location could be different than the space used to connect with a partner; for example, those participants who met partners via the internet or in a club or bar would invariably have to find a different location to have sex, such as a home. Consequently, the space chosen by men could be driven by necessity, convenience or to address a particular need or desire. The most commonly cited location where bareback sex occurred was at home (either the participant's or their partner's):

'Either we go to their place or they come to our place.'

(Pavel, 36: bottom narrative)

The next frequently cited location for bareback sex to occur was sex venues such as saunas and sex clubs:

'So I went to a sauna and uh, there were two, two very good looking men that actually were attracted by me... I was a surprised [laugh] 'cause I don't see myself as attractive. So I said, I can't say no to that. And uhmm, then we had unprotected sex. In any kind of way you can conceive, so... ah, the three of us...ah it was a fantastic time... '

(Luc, 44: versatile narrative)

Some of the less common spaces included cottages, cruising grounds and a private dungeon:

'I'm at a cottage I'll just wash my willy in the sink if I'm in a cruising area I'll actually carry antibacterial moist tissues'

(Peter, 40: top narrative)

'...ended up having sex in his parked car in the car park'

(Pete, 29: top narrative)

'So there's probably thirty guys that play in one of these dungeon spaces on the other side of town.'

(Mark, 51: bottom narrative)

As these locations are where social interactions (in this case, bareback sex) occur, these spaces could be characterised as the 'performance space' (Goffman, 1959). I demonstrated in the previous chapter that these spaces were governed by their own codes relating to expected and appropriate behaviours within them. Some of these performance spaces will be circumscribed, with individuals having a clear idea of where a performance starts and finishes. For instance, men attending a sex venue may begin their performance on entry to the establishment and end their performance on exiting the venue. But even within these spaces, the layout of the venue may delineate areas where sex can occur, such as in a dark room or cabin, to other areas where sex is either not permissible or acceptable (Richers 2007). Another reason for seeking private spaces when things become intimate is about having greater control as Mark explains:

'when things go to anal I like to have a private room because it is a little more comfortable, padded platforms something kind of nice you can close the door, get all the guys who want to paw you away. Um and we couldn't do that because all of the rooms were full so we wound up in the big orgy room where there is a big platform at the back and we went to the end of the platform where you are sort of out of reach.'

(Mark, 51: versatile narrative)

Mark seeks distance for him and his partner from other patrons of the venue "when things go to anal" in part for comfort but also to exert control over the sexual scenario. As Mark's extract suggests, sex that occurs in more public environments may be affected by the

presence of a potentially large audience, who are not necessarily directly involved in the sexual encounter. For example, the presence of an audience can make some individuals adopt more masculine or less masculine sexual roles during a sexual act (Richters 2007). In addition, the purposeful construction of performance spaces in sex venues not only designates where sex can and cannot occur but also incorporates 'theatrical effects' that both reflect and feed into gay men's sexual fantasies (Richters 2007). Such theatrical effects can be seen in the following excerpt from James-Lee:

'I was doing a glory hole and first this guy gave me blow jobs and then I can feel that actually he was doing anal without putting a condom on.'

(James-Lee, 36: top narrative)

These more formal performance spaces govern behaviour, delineate where sex can occur, and, as the previous two narratives have shown, may be elaborate in regards to their physical features, such as glory holes and padded benches. Further, these more formal performance spaces also prescribed what individuals wear:

'It was a night at the club where they have naked nights which is usually when you have better looking guys.'

(Mark, 51: versatile narrative)

These designated theme nights dictate the dress codes such as naked nights or fetish wear such as leather, uniform or sportswear (Richters 2007). These requirements not only serve to enhance the sexual charge within a space but more importantly can contribute to an individual's agency as well as reinforce conceptions of sexual role. For example, men desiring to bottom may support their performance with attire that reveals the buttocks, whereas men desiring to top may support their performance by adopting symbols of masculinity such as boots, chains and riding crops. Performance spaces that require individuals to be naked or semi-naked, such as the spaces described by participants, have their own unique challenges. Bersani (1988: 206) argues that these spaces are some "...of the most ruthlessly ranked, hierarchized and competitive environments imaginable" and where an individual's "looks, muscles, hair distribution, size of cock and shape of ass determine" how sexually lucky an individual will be. As such, individuals have to rely on the use of sex toys such as cock rings, or their own physical appearance including tattoos,

piercings and even penis size to support their performance. This reliance on the physical can disadvantage some, but it also advantages others:

If I met you in the street they probably wouldn't look at me at all, but if it some kind of sexual kind of a encounter like the sauna or something or not uhmm... [laugh] uhmm...I've got what they want [] I would have been extremely... picky, choosy, nasty sometimes to uhmm... three, four or five men who are begging for it, but... hey. [laugh] I made my choice if I want to or when I want to [], and I would leave before giving into you. Just because I was, I mean, I was kind of angry person I supposed, because nobody could notice anything else than just this {gesticulated to crotch}...'

(Luc, 44: versatile narrative)

Later in the narrative Luc explains that he doesn't consider himself "gifted" in the face, but mother nature has provided him with other "gifts", namely a large penis which gives him greater agency when naked in a sauna, compared to other spaces, and greater agency with other men.

The performance space not only had the potential to influence the agency of participants but also contributed to feelings of risk and safety, as James' extract demonstrates:

'I guess it was the scenario just made it feel slightly less risky although on paper the risk is the same but the fact it was at someone's house and it kind of made the whole thing much less anonymous, it was someone I'd actually talked to for some time, not some guy that's a stranger in a sauna that you don't even find out their name or anything about them and you are having sex as a vinyl bench area, vinyl bed area you know just that kind of feels more seedy and risky even though clearly the risk is identical.'

(James, 34: top narrative)

There are obviously several interconnected factors in James' narrative; however, for him the fact that this encounter was in a house rather than in a sauna made his engagement in bareback sex feel less risky. Participants who had sex at home (either their own or their partner's) revealed that this location created within them a feeling of safety, a sentiment expressed in the following excerpt from Paul:

'Er so this felt like I was being safe because I was in my own house but at the same time being, so I was comfortable but I was being a bit risky at the same time.'

(Paul, 38: bottom narrative)

Both Paul and James acknowledge that there are potential health risks involved in these encounters, yet state that because the sex occurred within a home, this left them with a feeling of safety. Congruent with the literature (Holmes et al 2008), this feeling of safety may be related to the familiarity of the location, as in James' narrative, or that the sex may feel less anonymous potentially due to a longer build up, which gives more time to develop a sense of familiarity, as in Paul's excerpt.

The location where sex occurs can also contribute to the emotions experienced by an individual during an encounter and influence their decision-making and behaviour (Pollock & Halkitis 2011). James specifically locates his construction of riskiness to aspects of the physical environment in which a home is perceived as less risky than a "seedy vinyl bench area" in a sauna. As previously noted sex that occurs in sexualised spaces tends to be more immediate and moreover, there is the general perception that these venues themselves are constructed as places of danger. That said, James reflects that he is aware that the risk is clearly identical in the two scenarios. I return to the issue of decision-making in subtheme three.

4.2.1 MEN IN ROMANTIC RELATIONSHIPS

For men engaging in bareback sex with romantic partners, there were two different types of barebacking encounters, the first episode and subsequent encounters. For most men in romantic relationships, the bedroom appeared to be the preferred location of bareback sex:

'In the bedroom. Uhmm, and then we just, we just made a night of it. We just relaxed. Uhmm got intimate with each other and then it just went on from there and I fucked him without condom and it was mind-blowing.'

(William, 33: top narrative)

'...we just went out had a few drinks, came back uhmm... [sigh] well, pretty much went straight to bed. Uhmm... I remember - I remember, you know, I remember all the details of bedroom and uhmm... even the bedding. I'm not obsessive about it but I remember that. I remember uhmm... the pos-the position in which uhmm... we ah, had sex uhmm... you know unprotected for the first time and I remember distinctly just how different it felt, how much more pleasurable it was.'

(Richard, 50: bottom narrative)

Some men in romantic relationships had bareback sex outside of the bedroom, but sex outside the bedroom tended to occur on subsequent rather than the first episode of bareback sex:

'...he took me to a sauna and then took me the dark room. And uhmm...he decided to have sex with me there. It was okay, he didn't force me and I was happy with that. And um, And I was quite excited to see, to feel all these things around me and ah... just I mean, just fucked me almost on the spot. When there's no preparation at all that time I was just wide open. And I ah, it was because I was so excited, with him, us, being among these sea of people around us.'

(Luc, 44: bottom narrative)

Just as with men having sex with casual partners, sex venues could enhance the sexual charge of an encounter with a romantic partner. The presence of an 'audience' for Luc increases his sexual excitement, even though the audience are not actively taking part in the sexual encounter. Unlike much of the other bareback sex occurring within the sauna; Luc's bareback sex at the time was with a monogamous, sero-concordant partner. Therefore, at least some of the bareback sex that men observe within sex venues may have no risk of HIV transmission but nevertheless be perceived as risky and inadvertently contribute to the normalisation of bareback sex within the environment.

Having considered the space in which the bareback sex occurred, and how these spaces have the potential to influence individuals during a sexual encounter, I will now consider how the act of sex within these spaces unfolds. At this stage, the bareback sex had yet to be discussed and negotiated. In the next section, I will discuss how during an encounter the desire to engage in bareback sex is communicated and negotiated between partners. The meanings that are presented in the following subtheme transcend the spaces where sex occurs.

4.3 SUBTHEME 2: THE NEGOTIATION OF BAREBACK SEX

Having considered the performance space and the effect it can have on an individual, I turn to the sexual act itself. In this second subtheme, I explore how participants and their sexual partners negotiate bareback sex, and I will demonstrate how bareback sex could be initiated by either a top or a bottom, with participants giving many examples of both

scenarios. There were various ways in which bareback sex could be negotiated; for example as seen in the previous chapter, one way is through the use of technological spaces to pre-negotiate the sexual parameters of the encounter. However, the focus of the present subtheme is where bareback sex is negotiated verbally or non-verbally with sexual partners. Participants used a mixture of actual encounters as well as the use of hypothetical examples. Frith & Katzinger (2001) argue that this use of hypothetical examples enables individuals to convey that processes are based on commonalities shared with others. This social interaction that occurs between sexual partners during an encounter could be characterised as a 'performance' in which each partner adopts both the role of performer and audience (Goffman, 1959). As I will demonstrate, bareback sex was negotiated by participants both verbally and nonverbally during a sexual encounter, with participants communicating their intentions and desires while simultaneously interpreting and reacting to their partner's communication.

One noted tendency was for participants to attribute the bareback sex to their partner, and there were even instances where the initiator of bareback sex was unclear:

'...it could have been me, it could have been him.'

(James, 34: top narrative)

The lack of clarity seen in James' example or attributing the initiation to a partner allows the other participant to avoid accountability for the bareback sex and avoid being seen as behaving irresponsibly. Furthermore, despite participants giving detailed accounts of both tops and bottoms initiating bareback sex, there were only two examples of narratives in which the participant initiated the bareback sex as a bottom (i.e. Peter and Paul), which is the sexual position that carries most risk in relation to acquiring HIV. Still, whether the bareback sex was initiated by a top or a bottom, the process of the negotiation of bareback sex was complicated.

4.3.1 VERBAL NEGOTIATION OF BAREBACK SEX

There were two narratives that emerged from men's experiences relating to the verbal negotiation of bareback sex, those which fell loosely within the framework of 'negotiated safety' and those which did not. Negotiated safety is a term that was initially coined by Susan Kippax and her team in a paper published in 1993 and refers to several principles

that if adhered to would make condomless sex between men safer. There are three principles to negotiated safety (Kippax et al 1997), which are as follows:

- 1) condomless anal sex occurs between two men in a relationship²¹;
- 2) sero-concordance is ensured through the testing of both partners, outside of the HIV window period; and
- 3) the bareback sex is negotiated and an agreement is made regarding the sexual conduct outside of the relationship, such as monogamy, no anal sex with casual partners, or condoms with casual partners, including what to do in the event of a condom break. In addition, some men may include in their agreements strategies for re-testing for HIV and other STIs, especially if they are having sex with casual partners.

As a concept, negotiated safety has been widely promoted and adopted as a means of making bareback sex safer within romantic relationships (Kippax et al 1993; Kippax et al 1997). As the central premise of negotiated safety is frank and verbal communication between partners, it would be an area in which verbal negotiation between partners would be expected; however, this was not necessarily the case in the present study. Although all of the participants with the exception of James had engaged in bareback sex within a romantic relationship, most had failed to apply the principles of negotiated safety and yet believed that the sex they were engaging in was safer.

For example, the first principle of negotiated safety is that individuals are in an exclusive monogamous relationship (Kippax et al 1993). Although this principle has since evolved reflecting the fact that some men may not be monogamous, or have negotiated safety with partners they are not romantically involved with, or may have negotiated safety with more than one partner (Kippax et al 1997), there were many examples in the present study in which the bareback sex occurred within relationships that had yet to be established:

'...so it was with a guy who was at the time a stranger although I would end up dating. There was a bit of discussion beforehand about whether he'd done this before and whether I had. [] that's what happened then we had sex and I can't remember, I think I

²¹ This first principle has since evolved reflecting that some men may not be in monogamous relationships, some men may have negotiated safety with men that they are not in a romantic relationship with, and some may have negotiated safety with more than one partner at a time (Kippax et al 1997).

fucked him and he fucked me and it was very nice. I don't think we came in each other though.'

(Pete, 29: versatile narrative)

Pete's narrative is fairly typical of those for whom the bareback sex occurred during a first sexual encounter and the relationship developed subsequently. As with casual partners, these encounters typically involved either no or minimal discussion prior to the couple engaging in bareback sex. Prior to barebacking, in an attempt to minimise risk, Pete and his partner had a brief discussion to establish if either of them had previously engaged in bareback sex. For other participants however, this discussion occurred only post-coitus, with the discussion sometimes proving problematic, as Peter explains:

'We did discuss HIV at some point later on, I can't remember when but it was pretty quickly, pretty soon. And I told him I'd been tested and I, over the next few weeks I gradually admitted to him and it was a slow thing, I didn't, it came up a number of times and I just slowly introduced to him the fact that I hadn't been completely safe since my last test.'

(Peter, 40: top narrative)

The encounter described above was with Peter's ex-partner, and he described being in 'love at first sight'. Within minutes, the two men were having bareback sex in the shower. In contrast to Pete's situation, the discussions about HIV between Peter and his partner occurred later as the relationship developed. Yet as Peter's excerpt demonstrates, it could be difficult to be truthful about previous risks. Instead of being honest about his previous barebacking encounters, he told his partner that he had been tested for HIV, implying that he was HIV-negative. Over the proceeding weeks he gradually told his partner that he hadn't been completely safe. Even then, he still didn't disclose that he had engaged in bareback sex, preferring to state that he had engaged in oral sex with ejaculation and that that had been his risk. Peter's remarks highlight that these discussions do not necessarily accurately reflect an individual's risk behaviours or HIV status. This inability to disclose previous risks links with the previous super-ordinal theme of the presentation of self. Individuals are often concerned with the image that they project; this may be especially true when there is a prospect of a relationship or where disclosure could result in the termination of a relationship. Acknowledging previous risks and re-testing was something that many participants intended to do. However, for some the relationship had ended before the window period had elapsed and retesting in the context of the relationship

could occur (as it did in Peter's case). This leads on to the second principle of negotiated safety, which is that individuals who are HIV-negative should be aware of each other's negative antibody status.

The second principle of negotiated safety is that both partners are HIV-negative and aware of each other's status. It is suggested that this is established through HIV testing that occurs after a period of three months²² to ensure both partners are outside of the HIV window period. As seen in the previous section, some men had engaged in bareback sex early in their relationship, so the point at which bareback sex occurred in the relationship could preclude testing outside of the window period and therefore in many cases sero-concordance could not be conclusively established. However there were those participants who fully followed the principles of negotiated safety in relation to testing, such as Luc.

'...we met in June 2007, we use condoms, and then we had uhmm, HIV test in August... year 2007, we're both negative... and then we stopped using condoms.'

(Luc, 44: bottom narrative)

Luc, who stated that he was "madly in love" with his partner, was like several participants who used condoms initially until they could establish sero-concordance through HIV testing, outside the window period. Other men who tested for HIV in their relationship prior to engaging in bareback sex were uncertain if they had waited the prescribed window period. Moreover, there were some who were even unsure if they had been tested at all:

'...I don't know if he was testing or not but he knew he didn't have a problem. I don't remember if it was because he had tested or because he knew he wasn't sick and he had broken up long enough and wasn't sleeping around...'

(Mark, 51: versatile narrative)

Mark and his long term partner had engaged in bareback sex throughout their relationship. In this excerpt, Mark explains that he knew that his partner "didn't have a problem", that is, that his partner did not have HIV. Mark was unsure, though, whether this was due to HIV testing or due to assumptions that he made about his partner's status. Some men

²² The HIV window period at the time of the study was three months. However, with the implementation of 4th generation HIV tests, this window period may well become one month (BASHH 2010).

therefore relied on non-verbal substitutes to ascertain a partner's HIV status, such the duration elapsed since the last HIV risk taken, or remaining asymptomatic, or not being promiscuous. This reliance on assumptions regarding a partner's HIV status rather than actual testing was a frequent feature in men's narratives.

'We didn't have any like serious discussion we not going to use the condoms, we were in the bed and I said, I asked him do you want to try without a condom and I ask him are you healthy, he said yes I'm healthy so he asked me if I'm healthy.'

(Pavel, 36: bottom narrative)

Pavel and his partner met whilst clubbing, and their relationship developed over the next few months. One night on returning home from clubbing, Pavel raised the issue of having sex without condoms, but he did not engage in a serious discussion about stopping the use of condoms, nor did he and his partner test for HIV. Instead the couple relied on indirect questioning, asking "Are you healthy?". For some, the assumptions about sero-concordance were correct and were confirmed on subsequent HIV testing, such as in Mark's case. However these assumptions were sometimes incorrect, as in Pavel's situation, where his partner subsequently tested positive for HIV. This meant that for several months Pavel and his partner engaged in discordant bareback sex, where Pavel was the bottom and his partner ejaculated inside him, placing him at risk of acquiring HIV. Relationships remain a significant source of HIV transmission, with estimates from the US suggesting that as much as 68% of HIV is acquired from a regular partner (Sullivan et al 2009). Moreover, there were those romantic relationships in which sero-concordance could not be established, such as those involving men who decided to bareback with a discordant partner. There were also those men who considered that they were following the principle about testing to establish sero-concordance, even with HIV tests that appeared to be outside the window period, but this was on previous testing conducted before the commencement of the relationship:

'We had known each other for a couple of months and erm I knew that I was at risk outside my and I tested for HIV erm and he said he tested as well and I had no reasons to disbelieve him'.

(Robert, 31: bottom narrative)

Like other participants, Robert and his partner had known each other for a couple of months before they engaged in bareback sex, and also like other participants this first

episode was unplanned. The couple based the decision to bareback on HIV testing that occurred prior to the relationship. Although Robert suggests that he had no reason to disbelieve his partner about HIV testing, establishing sero-concordance is not about HIV testing alone. In Roberts's case, although he believed that he had been tested, there was some confusion about risk between the two partners. Robert thought his partner had only recently 'come-out' as gay and had just started having sex with men, when in fact his partner has been 'out' and having sex for a couple of years. Although the pair subsequently tested HIV-negative, establishing sero-concordance, their example highlights that misunderstandings do occur and potential risks may consequently be forgotten.

It is not only misunderstandings that can be problematic in relation to previous risks; misunderstandings can also occur about the validity of the test itself. For example Richard and his partner had recently completed courses of PEPSE when they met and decided to engage in bareback sex. As they had multiple HIV tests as part of the process of receiving PEPSE, they assumed that the bareback sex they were about to engage in was 'safe'. However, in the following narrative offered by Richard, it became apparent that he had not had his last conclusive HIV test, and he himself admitted that perhaps the sex was not as safe as he initially thought that it was:

'Had a blood test uhmm... in August. Met him in August as well uhmm... mid August uhmm... so no, it would have been -- it wouldn't have included the second one uhmm... at that point uhmm... I'd forgotten that so yeah, I suppose to that-to that extent. Uhmm... Maybe it wasn't quite as risk free as ahh, I was recalling.'

(Richard, 50: bottom narrative)

Also of note is that Richard and his partner had been on PEPSE for engaging in bareback sex with casual partners, yet this still did not make them appear risky to each other. It is perhaps their use of PEPSE that made them appear safer as they were taking active steps to prevent HIV acquisition.

The above narratives demonstrate that in the early stages of a relationship, misunderstandings and incorrect assumptions were common, and the reliance on testing conducted prior to the commencement of the relationship could place participants at risk of HIV. As seen in the previous few excerpts, first episodes of bareback sex were often spontaneous, occurring with little or no discussion. So how did the participants meet the

third principle of negotiated safety, that is, to reach an agreement about sexual practices that preclude the transmission of HIV?

The final principle of negotiated safety is to reach a clear and unambiguous agreement about sexual conduct both within and beyond the relationship. This means that bareback sex between the couple should be negotiated prior to condomless sex, and the couple should discuss and agree on their expectations in relation to sexual conduct outside the relationship. The parameters of such agreements reflect the requirements of each individual couple's situation and so are particular to each relationship:

'that we would only do – it if ah, you know, we were ah, ah, I was going to say faithful to each other but... but if we were to go with anyone else we would use condoms with them.'

(William, 33: top narrative)

William's agreement was typical of those made by participants with their partners. Fidelity was a recurring theme, with participants talking about monogamy and faithfulness. However, as seen in William's excerpt, some men in romantic relationships continued to have sex with other men, both together and separately. In these cases, the concept of fidelity was one of emotional exclusivity rather than sexual faithfulness. For these participants in an open relationship, there was an expectation that barebacking was restricted to each other and that condoms were to be used for anal sex with casual partners. In addition to requiring fidelity, couples in open relationships, where they had sex with casual partners, undertook HIV and STI testing on an on-going basis. However, this testing appeared to be sporadic, often in response to symptoms rather than forming part of a testing strategy as part of their negotiated safety agreement. Indeed, for many participants negotiation did not occur and agreements seemed to be implied only:

'We absolutely trust each other on that it doesn't even, it's so the honesty and the trust in our relationship is so deep inside of him and I that we don't discuss it because discussing it would presuppose it happening. Um would presuppose that one of us would go off and sleep with someone else. So, and we wouldn't so why discuss it type of thing.'

(Paul, 38: bottom narrative)

On the surface it may appear that Paul and his partner did not discuss the parameters of their relationship and so did not have an agreement. Paul suggests that because of the

honesty and trust that existed in the relationship they didn't discuss specific terms as this would presuppose sex outside the relationship was happening. Yet, even though it was not discussed, there was nevertheless an implied agreement that sex outside the relationship was prohibited. Yet, even in those relationships in which agreements were formulated, adherence to the agreement was not always the case. For example, there were several examples in men's narratives where agreements to use condoms with casual partners were made, but then either the participant or their partner broke the agreement by barebacking with a casual partner:

'I do things that I shouldn't really do and then I'm going to meet him later and then I will say I wouldn't say to him what I've been up to on the weekend because he already asked me yesterday and the day before, you touch anybody, you being safe and stuff like that and the answers 'No'.

(James-Lee, 36: versatile narrative)

Superficially, James-Lee and his partner have followed the principle of negotiated safety having tested outside the three-month window period prior to having bareback sex for the first time. As the couple are in an open relationship, having sex with casual partners both together and separately, they also made an agreement to use condoms with casual partners for anal sex. Yet, in this excerpt, James-Lee explains how he has broken their agreement on more than one occasion by engaging in bareback sex with casual partners. Furthermore, when questioned by his partner about his sexual conduct with other partners, he denies engaging in condomless anal sex with them. This has created a situation in which James-Lee's partner believes the bareback sex that he is engaging in is safer as he and James-Lee have followed the principles of negotiated safety. The potential consequences of this false sense of security can be seen in the experience of Luc who also believed he and his ex-partner were following the principles of negotiated safety. Their agreement following HIV testing outside the HIV window period was to be monogamous; however, Luc's partner broke the agreement by engaging in bareback sex with multiple partners without Luc's knowledge, while he continued to have bareback sex within the relationship with Luc as the bottom. This put Luc at significant risk of acquiring HIV as during the relationship his partner contracted and was diagnosed with HIV:

'Because you trust to a point and you can end up being...ah, well, uh mm HIV positive without.. ah 'aving done anything wrong than trusting someone.'

(Luc, 44: bottom narrative)

Luc believed that he had done everything right to protect himself and his ex-partner from HIV in relation to negotiated safety. However, negotiated safety relies on trust, which, as demonstrated in the previous two excerpts, could be broken.

This examination of men's narratives through the analytical lens of negotiated safety highlights several points. All of the participants suggested that they felt safe and confident in their relationships and that these provided them with sexual safety, even when – as in the case of Luc and James-Lee – they were not sexually safe. While some men followed the principles of negotiated safety, in many cases the principles were applied as a rationalisation post event or haphazardly. Subsequent testing could confirm the assumptions made about romantic partners but unfortunately could sometimes confirm the opposite. There were relationships in which expectations of behaviour went completely undiscussed, but even in those cases in which agreements were made, these could be broken.

4.3.2 VERBAL NEGOTIATION

During an encounter (and excluding discussions of negotiated safety) few participants discussed condom use (or non-use), HIV status or previous risk behaviours with partners that they were about to bareback with. Paul provides a fairly typical example of a verbal exchange between a participant and his partner:

'Um I was lying on my front and he was rimming me and I probably would have said to him fuck me and he would have said I don't have a condom and I said ok fine then just don't cum inside of me.'

(Paul, 38: bottom narrative)

In the example given by Paul, the negotiation of bareback sex did not involve any discussion about HIV statuses or previous risk behaviours, but instead was more practical in nature. What is present is an intersection between desire ("fuck me"), condom availability (no condom), and risk reduction (request for no internal ejaculation). While Paul's example involves a discussion about the sexual act he and his partner were about to undertake, other examples of verbal communication in men's narratives tended to be brief and indirect:

'Well a certain amount of verbal and a certain amount of non-verbal, indirect verbal kind of check out, you ok, you ok?'

(Andrew, 32: top narrative)

The communication and negotiation of bareback sex in Andrew's narrative takes the form of 'checking' that the unfolding bareback sex was acceptable between him and his partner. This indirect checking, or what Goffman (1959) would call verbal substitutes, was used as described in Andrew's excerpt; that is, in conjunction with non-verbal substitutes such as manoeuvring and positioning, which are both types of foreplay, and in preparation for bareback sex (which I will return to later). The use of verbal substitutes was common in men's narratives:

'He has asked me on a couple of occasions and I quote here "Are you clean?" to which I said "Yeah."

(Peter, 40: top narrative)

'Sometimes um this is really stupid this is really funny I'll tell you the truth some guys they ask it after they've done it. The way they ask it, "Are you safe?" So they don't ask you are you HIV-negative or anything but are you safe. It's like well you should ask me before you do it and not after you do it.'

(James-Lee, 36: versatile narrative)

These substitutes allow for communication between partners, which is based on a shared understanding of the meaning that was attached to these verbal substitutes. The aim of questions in these two excerpts is not to ascertain if an individual is literally clean or safe, but if an individual is HIV-negative and therefore appropriate to have bareback sex with. Participants would imply that they were not a risk by confirming that they were clean or safe, even if they knew that they were potentially a risk because of previous barebacking behaviours. Furthermore, as seen in James-Lee's excerpt, where discussion did occur this tended to be post-coital rather than in the lead up to sex.

The use of verbal substitutes was not limited to men engaging in bareback sex with casual partners but could also be seen in the narratives of men in romantic relationships about to bareback for the first time:

'We were, we had still recently met so we were still, still very passionate between us so erm we were, it was, there was very

passionate kissing it was very, very hot. Erm a lot of touching and hard groping erm and so it was like a natural progression of a lot of like-like, kind of rough, not rough, but like-like forceful oral sex of kind of a passion behind it. Erm and it got to the stage erm, that that's what we wanted to do we wanted to progress onto having anal sex and he was kind of rubbing his penis against my bottom so I was ready to be able to have sex with him. And then when I say we couldn't find a [condom], we didn't look hard enough, there was a box beside the bed we could have got it but at the time but the run up was, we were ready to do it and the break that would be needed to-to try and get a ribbed condom on and all that sort of stuff when the lubricant was there we were just, do you want to go ahead are you ok, er, er can I trust you, can I trust you – yeah. So it just then he, he had sex so, he put it in so.'

(Robert, 31: bottom narrative)

Participants in romantic relationships such as Robert has with his partner, who were about to engage in bareback sex for the first occasion, also used indirect verbal checking in the communication and negotiation of bareback sex. There is a convergence of a number of factors in this excerpt, including the fact that the relationship was new and passionate. In addition, both appeared to have reached a level of intense sexual arousal, which provided the background to the decision to not use condoms. As discussed in Chapter One, sexual arousal can impact on sexual decision-making (Ariely & Loewenstein 2006).

This use of verbal substitutes is imbued with meaning and conveys complex negotiations: Are you healthy? Are you happy to proceed? Is what you have told me true? Am I right to place my trust in you not to put me at risk? By proceeding with bareback sex, the faith that each partner is investing in the other is reinforced, as well as the relationship.

Invariably, during a barebacking encounter there were no discussions at all relating to the bareback sex, HIV status or previous risky behaviours:

'I would say like most of the times when you are kind of meeting with the guys, not, not always er um but we have never been discussing that we gonna have sex with the condoms, without the condoms it's kind of you know oh when the sex was starting it just was going like a normal flow like'

(Pavel, 36: bottom narrative)

There were several reason advanced for the reluctance to discuss barebacking with prospective partners. For instance, there was a feeling among some participants that it was

bad manners or offensive to raise the topic of HIV status or previous risk behaviours as Pavel goes on to explain:

'...it's kind of like bad manner to ask something, just don't ask. You just go for it.'

(Pavel, 36: bottom narrative)

This suggests that there are also norms that govern expected behaviours in sexual encounters that occur outside sexualised spaces such as saunas and sex clubs. Regardless of the space that men find themselves in, it appears that discussions about HIV status and barebacking are kept to a minimum. Another reason given for the lack of verbal discussions about HIV statuses related to the futility of pursuing this line of discussion:

'Never. No, no absolutely not because um, let's face it the guy could tell you he's negative and he could have gotten HIV that night. Uh, he's, he's in a place where people get these things and so to assume that he can tell you his status is absurd.'

(Mark 36: bottom narrative)

'But it's a really stupid question if somebody got a disease and then he wouldn't tell you oh yeah I've got syphilis I've got gonorrhoea or I've got herpes or HIV stuff like that.'

(James-Lee, 36: versatile narrative)

Mark's awareness of the increased risk associated with barebacking behaviours renders questions surrounding HIV status pointless for him, as individuals engaging in bareback sex would not be aware of their true status. Conversely, James-Lee felt that there was little point in asking about the HIV status of prospective partners due to concern about the reliability of their responses. Both narratives demonstrate how participants were aware that prospective partners may well be HIV discordant.

4.3.3 NONVERBAL NEGOTIATION OF BAREBACK SEX

As I have demonstrated, explicit verbal communication about bareback sex was rare for participants, even those in romantic relationships. And on those occasions where verbal communication did take place, the discussions were brief or participants and their partners relied on verbal substitutes to communicate. The general preference was for participants and their partners to employ nonverbal means of communicating and negotiating their

desire and willingness to engage in bareback sex. Communication was achieved through the use of nonverbal symbols/substitutes that convey shared meaning between the participant and their partner.

4.3.4.1 THE CONSTRUCTION OF SAFETY

A sexual encounter would often begin with the placing out of condoms by participants or their partners, which communicated several meanings. The first and most obvious meaning is that a partner wants to use condoms, as James-Lee explains:

'... we are back in his bedroom and this guy opened the drawer like this, this is where he looks for the condoms so it means this guy wants to be safe so you don't have to say it, he just open the drawer and the condoms and the looks so you can read his mind oh you have to use condoms.'

(James-Lee, 36: versatile narrative)

As discussed in the exposition of the literature, condoms have been associated with safer sex since the beginning of the HIV pandemic; therefore, the placing out of condoms communicates an intention that they are to be used. Without any discussion, James-Lee states that he is able to “read his [partners] mind” and takes this placing out of condoms, as his partner’s desire and intention to use them. This, however, was not always the case, as condoms were also placed out by participants who did not intend to use them. It may appear counter-intuitive for an individual to place condoms out yet not want to use condoms and engage in bareback sex, but Goffman (1959) offers an explanation for this. He suggests that when two individuals meet in a social interaction they cannot really know about their partner’s character and can therefore only base their assessment of their partner on the behaviours that they observe. In a situation in which two individual connect for bareback sex, if they do engage in a discussion prior to sex, they have to base their assessment of a partner’s level of risk, previous sexual behaviour or likely HIV status on the cues that they pick up during said interaction. In this case, the placing out of condoms becomes highly symbolic and as demonstrated in James-Lee’s excerpt, particularly symbolic in relation to safety.

The symbolic association of condoms with safety is perhaps because the use of condoms has become the mainstay of safer sex campaigns since the 1980s. As such, images

of condoms are often used on health promotion literature as a representation of safer sex. The placing out of condoms is therefore suggestive that an individual is being responsible, both for their own health and the health of their partner. They may also even be suggestive that an individual doesn't routinely take risks and therefore is not a risk for transmitting HIV. This placing out of condoms then becomes significant in the understanding of a partner. There are of course problems with these assumptions, as while they do convey that an individual is being 'safe', it doesn't mean that they are HIV-negative, as many HIV-positive men use condoms consistently with their sexual partners. Condoms were also placed out for other reasons, as Andrew explains:

'Well two reasons, well one main reason is I don't know my current status un, therefore if I'm not imposing I'm not suggesting to them that I necessarily need to want unprotected sex it's more like I choose to let them do it, I'm letting them choose whether to do it or not. Whereas as I say I have been put in scenarios where someone is like oh it's OK, it's OK, it's OK, it's OK, it's OK erm and in that scenario sometimes if people are quite forceful like that I go the opposite way and resist on purpose if that makes sense.'

(Andrew, 36: top narrative)

Andrew suggests that there are two reasons why he places the condoms out, and both relate to conceptions of safety. The first is because Andrew is unaware of his current HIV status and so he doesn't want to impose bareback sex on his partner. Instead, he leaves the decision to use condoms or not to them. This sentiment was echoed by other participants and suggests that some men in this study are operating in what Adam (2005) calls a "moral framework" in relation to risk taking and bareback sex. However, as Andrew doesn't have any discussions with his partner about his uncertainty regarding his status, his decision to display condoms could be seen as abdicating responsibility not just for his decision to bareback but also for any potential outcome from the encounter, such as the transmission of HIV. In addition, this projection of self allows for the preservation of the image of him as being not risky, even though he desires and is seeking bareback sex. The second, and perhaps more relevant reason, why Andrew places condoms out is in order to achieve his desire to bareback. Andrew is aware from his own personal experience that when he is pressured to bareback, he resists. Therefore, in order to engage in bareback sex, he consciously avoids being seen to pressure a prospective partner in order to minimise the likelihood of resistance. The placing out of condoms thus becomes a prop in his

performance in order to achieve the desired outcome, which is bareback sex with a partner.

The above two excerpts demonstrate how non-verbal substitutes and symbols are useful in the construction of safety. And if we consider the sexual encounter to be a performance, as suggested by Goffman (1959), such non-verbal substitutes and symbols can also strengthen an individual's performance by making them appear safe in order to achieve bareback sex. This construction of safety is particularly salient given that participants avoided barebacking with partners that they considered to be a risk (a topic I shall return to later in this chapter). There are other ways that the placing out of condoms may contribute to conceptions of safety. It enables bareback sex to appear spontaneous and not pre-planned, or that a particular episode of is 'out-of-character', which also contributes to the congruency of a performance. Finally, if it is seen as something that an individual doesn't routinely engage in, it reinforces that the behaviour is special, thus contributing to a sense that the encounter is unique.

4.3.4.2 THE GRADUAL INITIATION OF BAREBACK SEX

At the time that the commitment to bareback has yet to be established (even if one or both partners desire it), the outcome of the encounter (i.e. whether bareback sex will occur or not) remains unclear. For bareback sex to occur, two conditions need to be satisfied. The first is that each partner needs to feel confident that the partner they are having sex with is someone who is safe to bareback with, and the other is that the partner is willing to bareback. I return to the former condition later in this chapter. Based on the narratives, ascertaining a partner's willingness to bareback is achieved through a choreographed set of moves that substitute nonverbal communication for explicit discussion. Embedded in foreplay, these moves allow individuals to communicate their desire for bareback sex, whilst simultaneously assessing their partner's willingness to engage in bareback sex. One of the key elements is that this is a gradual process that could be seen across top and bottom narratives:

'I don't just whack it in'

(Peter, 40: top narrative)

'He didn't do it right away but he started directing my cock towards his arse, put some lube on my cock started playing, slow...'

(Andrew, 32: top narrative)

'...we got to a point where he was rubbing his cock against my arse.'

(Pete, 36: bottom narrative)

These quotations highlight that participants shared a common awareness of the process, and that there was a requirement for the initiation of bareback sex to be slow. One reason for this is that, as demonstrated in the previous chapter, many of the participants in this study would avoid barebacking with partners who obviously desired or sought bareback sex as they were considered risky. Haste at this stage of the process could be read as a sign that a partner is a barebacker and therefore a risk. As individuals may well be undecided in relation to the decision to bareback or not (I return to the internal dialogue later in this chapter), the slowness of the initiation of bareback sex allows for confidence to build between the participant and the partner. The elongation between the commencement of sexual contact and the point of penetration also allows for individuals to remain in a space in which barebacking remains a possibility, thus contributing to their own sexual pleasure. The next stage in the negotiation is to assess a partner's willingness to bareback:

'... there um there is another process this is what we call it teasing when you do play your dick in front of his arse you know you don't actually stick it in your just rub it in you know like normally it gives a massive turn on when you do that'

(James-Lee, 36: top narrative)

'And that's kind of the point where you just; I just put the head of my cock near their arse and see what their reaction is. And most of the time they'll just pull me in.'

(Peter, 40: top narrative)

The stimulation of the anus with the penis could be undertaken by either the top or the bottom and has a shared nonverbal symbolic function that communicates from one partner to the other the potential desire for bareback sex. Penile-anal contact during foreplay is common, even if no anal penetration occurs during a sexual encounter (Phang et al 2008); therefore, the location of this act within foreplay provides a credible alternative to barebacking that fits within the safer-sex paradigm if the behaviours are challenged by a sexual partner. Furthermore, there is an intersection between the negotiation process, foreplay and sexual arousal (which I will return to in a moment). As well as communicating

a partner's desire for bareback sex, the process also allows an individual to assess their partner's response and gauge their willingness to engage in bareback sex.

'I kind of I usually pause before and wait to see what their reaction is and if they let me do it then I do it.'

(Peter, 40: top narrative)

'then this is another process of teasing you slide it in a bit if the guy doesn't refuse it, doesn't mention anything about condoms so it means you can fuck him until you go all the way'

(James-Lee, 36: top narrative)

Consistent with the literature (Crossley 2002; Ridge 2004; Holmes et al 2008; Halkitis et al 2008; McInnes, Bradley & Prestage 2011), and, as can be seen in the excerpt from James-Lee, silences are considered as agreement to, or more accurately non-refusal of, bareback sex. If the participant or the partner's advances are not rebuffed at this point, the next stage of the process remains slow and continues to 'dipping':

'over a few minutes he's started dipping it in. Erm I was lying on my back kind of letting him drive let's say. Erm until eventually yep he sat on it.'

(Andrew, 32: top narrative)

Dipping is a colloquial term that describes the brief condomless insertion of the penis into the anus (Hoff et al 2004). Like penile-anal contact, dipping is a relatively widely practiced sexual act that can occur during foreplay, and once again doesn't necessarily lead to bareback sex (Hoff et al 2004; Phang et al 2008). It therefore could also be perceived as being within the safer-sex paradigm; however, as Pete explains it, it is at the upper threshold of what is acceptable:

'...we got to a point where he was rubbing his cock against my arse and that felt nice and then you know he probably tried it on a bit and it still felt nice and to say that I went with it implies some sort of reticence to be overcome, I don't know that there was any there was you know inevitably you know it's sort of a one second, two second you know decision where you go, 'oh we seem to be doing this, er one shouldn't do these because of these well-known risks.'

(Pete, 36: bottom narrative)

In the excerpt, the top in the build-up to bareback sex stimulates Pete's anus with his penis to assess his willingness to bareback. Pete talks about how pleasurable this stimulation by his partner's penis felt, and when he describes his partner as "trying it on a bit", he is probably referring to dipping, which he also finds pleasurable. Increasing a partner's sexual arousal was cited by some participants as a means of encouraging them to engage in bareback sex, and if deployed effectively could result in partners "putting themselves in a position to be fucked" (Peter, 40: top narrative).

Pete constructs himself as the gatekeeper to bareback sex in this excerpt, as he is yet to make a decision to bareback this far into the encounter. This delay in decision-making is consistent with the literature in which it has been reported that the decision to bareback is part of an ongoing, dynamic process (Maycock & Brown 2005; Braine et al 2011). The lack of an explicit articulation of the desire to bareback at the beginning of an encounter coupled with the decision being part of an ongoing process means that neither partner needs to commit to barebacking until the point of penetration. This has the benefit of allowing individuals to make continuous assessments of their partner; however, they also need to maintain a convincing performance throughout the encounter too. Pete talks about his reticence, and, although he corrects himself, his internal dialogue is framed by risk. Other participants perceived themselves as the gatekeeper to bareback sex. Luc, whose ex-partner had recently discovered that he was HIV-positive, was one such example:

So, at the beginning, I tried to resist. I mean, once or twice he tell me but not forcefully, you know, I mean, every kind of way to, you know, and then he start uhmm, inserting himself in me. I said, "You shouldn't do that. You shouldn't do that." And he looked at me, kiss me, and then I just given in almost automatically... "Yes, yes, yes."

(Luc, 44: bottom narrative)

The conflicting desire of wanting to bareback with the need to use condoms is addressed in more detail in the following section. Resistance at this point in the sexual encounter and, in particular, to the negotiation of bareback sex can, however, create tension between partners as Peter explains:

'There is the odd occasion where I'll think there seems to be a Mexican stand-off where they are not initiating it, I don't want to initiate it um and er then if it goes on for long enough I think ok I'll use a condom and that seems to be what they are waiting for.'

But I will literally wait, I'll get right to that point and then I'll wait and see what they do.'

(Peter, 40: top narrative)

There are several aspects of this quotation that require consideration. The first is that Peter describes this scenario as an “odd occasion” which would suggest that most of his partners proceed to bareback sex. Secondly, this “Mexican standoff” may represent a partner who is unwilling to engage in bareback sex and is waiting for Peter to use a condom, but it may just as well be a partner who is undecided in relation to engaging in bareback sex, as illustrated in previous excerpts from other participants. Bottoms may desire to submit to their partner or desire to produce pleasure in their partner; in either situation, this can create a risk/pleasure dilemma (Hoppe 2011) which is also what could be occurring in this excerpt. In addition, Peter is unwilling to use a condom, and through his action of waiting, he creates a sense of social discomfort that he hopes will result in the bottom acquiescing to Peter’s nonverbal demands for bareback sex. This demonstrates the complexity of reading the possible intended meanings conveyed in the nonverbal communication/negotiation that needs to be decoded during an encounter.

Given that in many of the participants’ encounters the decision to bareback was yet to be made, it would now be useful to return to the second aspect of the process of negotiation and explore what informs an individual’s decision to bareback.

4.4 SUBTHEME 3: OVERCOMING COGNITIVE DISSONANCE TO ENABLE BAREBACK SEX

As evidenced in the previous subtheme, participants did not necessarily arrive at a barebacking encounter having made a decision to bareback. Indeed, the decision was not made in many instances until the point of penetration. During this process, participants often felt an inner contradiction between their desire to bareback and the desire to avoid acquiring HIV:

'It's kind of like I don't want to get HIV but I do want to bareback.'

(Peter, 40: top narrative)

The tension expressed by Peter between these two conflicting thoughts was echoed by all of the participants who engaged in bareback sex in encounters where there was a risk of

HIV transmission. Like Peter, none of the participants sought to acquire HIV, and none defined themselves as bug-chasers, yet they all engaged in bareback sex at times in sexual encounters where there was a risk of HIV transmission. This created an inner conflict that is characteristic of Festinger's (1957) conception of cognitive dissonance. The dissonance experienced by participants was often presented in men's narratives as an internal dialogue or debate:

'Well I have been in scenarios like this before erm, it's playing in my head whether I should stop erm, it's a debate I have kind of each time during, before after erm. I've been in, it's tricky, it's tricky I have this debate each time.'

(Andrew, 32: top narrative)

Andrew's extract encapsulates the ongoing decision-making process that many participants experienced during a barebacking encounter. Andrew describes this debate as "playing in his head" highlighting one of the key features of the internal dialogue that it is hidden from the sexual partner. This is what Goffman (1959) refers to as 'back stage', that is, an area in which the audience is not permitted, as partners are invariably not privy to the decision-making process until the decision has been made. Andrew also expresses through his use of the word "tricky" that, like other participants, he found that the decision to bareback (or not) was often a difficult one. And, notably, the decision traverses Andrew's entire sexual encounter as he states it is present before, during and even afterwards; this means that even after the decision has been made, it is possible that an individual may change his mind. The different theoretical positions alluded to in his internal debate can be useful in helping individuals reach a decision; however, Festinger (1957) suggests that in order to overcome cognitive dissonance as seen in Andrew's debate, the conflicting thoughts which he describes as cognitions need to be brought into alignment to enable bareback sex to occur:

'Can you remember what you were thinking as he penetrated you?'

'Erm, this is a bit risky. Erm, but as long as he doesn't cum inside me that's okay, mixed with oh, this feels really good being this naughty'

(Paul, 38: bottom narrative)

Paul presents a typical example of how cognitions, which Festinger (1957) describes as ‘elements’ could be brought into alignment. Paul brings the initial element that the bareback sex is “risky” into alignment with the operationalization of coitus interruptus, which he uses in an attempt to reduce his risk of HIV transmission during the encounter. Also displayed in his excerpt is that the cognitions associated with risk and risk reduction are intersected by cognitions of pleasure, in particular to the pleasure of transgression (I return to the topic of pleasure in the next chapter). In order to bring conflicting cognitions into alignment, participants would, like Paul, operationalise strategies that they believed would make their engagement in bareback sex safer. Alternatively, participants could revise their assessment of their partner as being less risky, or use a combination of both strategies.

4.4.1 ASSESSMENT OF A BAREBACKING PARTNER

To determine the riskiness of a partner, participants would make a subjective assessment of their partner:

‘I do a kind of risk assessment and if I think the risk is high, I will use a condom.’

(Peter, 40: top narrative)

Peter, like other participants, would base his decision to bareback on a “risk assessment” of his partner. However, as previously discussed, barebacking encounters rarely involved verbal negotiations relating to HIV status or risk behaviours, with participants instead relying on nonverbal means of communication. Therefore, in order to make their assessments, participants tended to rely on these other means of judging their partner:

‘I judge people who I have sex with, if that person, appearance in appearance he has to look really convincing, you know what I’m talking about, like he looks like he’s got something with him, skinny you know he doesn’t look healthy, I wouldn’t do it, I wouldn’t even go there. I would normally do it with someone who looks perfectly healthy and that, I inspect everything, dick, arse you know, you know. So I just not doing it bang, bang, bang, I do some inspection before I do it, is this guy really safe’

(James-Lee, 36: versatile narrative)

James-Lee bases his assessment, and ultimately his decision to bareback, on the physical appearance of his partner. In both the excerpt from James-Lee and from Peter, there is a clear assertion that bareback sex is not something engaged in with all partners, and this preference was common among participants. As with the communication and negotiation of bareback sex, the assessment of a partner is part of an ongoing process that continues over the duration of the encounter. Goffman (1959) suggests that during social interactions individuals seek to develop an understanding of the other person, such as their innermost feelings, as well as the possible outcome of the encounter. This assessment of the 'now' is used by individuals to construct an image of the other person's past as well as their future behaviours. In most encounters, however, this information is rarely available and therefore individuals have to rely on cues, gestures and other symbols on which to base this assessment. In the extract from James-Lee, and in common with the experiences of other participants, there was a reliance on a partner's physical appearance to assess if an individual is really safe. Specifically, there was a need for partners to "look healthy" in order for bareback sex to occur. Many participants cited that they judged the health of a partner based on how skinny or emaciated they appeared, perhaps reflecting outdated views of how people living with HIV are thought to appear. As well as being an active process, this assessment is also comprehensive, with James-Lee stating that he inspects "everything" including his partner's penis and peri-anal areas for signs.

James-Lee's use of the word "convincing" is suggestive of participants seeking congruency in their partner's performance, which the decision to bareback ultimately rests on. This congruency of a performance depends on more than just the physicality of a partner. In the following excerpt from Andrew, he explains why he stopped having bareback sex with a partner he was having sex with in a sauna:

'[] he just didn't seem very healthy and just seemed a bigger risk than normal. Erm Also I think, yeah he just didn't seem very healthy, he was quite, maybe it was because he was drunk or, he'd just been fisted as well and there was a few things going on that I just thought this isn't for me, it just, it just didn't, it felt very unclean, very dirty, very risky.'

(Andrew, 32: top narrative)

There were several reasons that Andrew felt that this partner posed a bigger risk than normal. Andrew's use of language, especially in the description at the end of the extract ("it felt very unclean, very dirty, very risky"), suggests that this assessment was at least in part

based on his emotional response. Participants also spoke of basing their decisions on “gut feelings” or if a partner was deemed to be “dodgy”. The narratives suggest that there is an active process of interpretation on which individuals base their assessment of the unfolding situation and the riskiness of their partner. Andrew intuitively felt that this partner seemed “unhealthy” and cites his partner’s level of intoxication as well as his partner’s previous sexual behaviour (i.e. he had just been fisted) as signs of risk and danger. Yet, even after making a decision, the risk assessment doesn’t necessarily result in the complete alignment of any cognitive dissonance. When asked to explain what happened to his concerns after he began bareback sex as a bottom with a discordant partner, Luc explained:

‘.....Like, it’s a little bit, like, no, don’t, don’t. The car’s outside. You can talk without noticing them....It’s still there.’

‘Yeah.’

‘But it doesn’t prevent you to do anything, it’s still there. Are you... are you aware of it?’

(Luc, 44: bottom narrative)

In this excerpt, Luc effectively describes how concerns about risk during bareback sex do not disappear entirely. Like the noise of passing traffic, awareness of risk fades in and out of his consciousness.

If convinced by a partner’s performance, participants would not only engage in bareback sex but some would also be willing to completely give themselves over to said partner and allow them to do “everything” to them. However, if unconvinced, as demonstrated in Andrew’s narratives, many participants would avoid or terminate any sexual contact at all rather than insist on the use of condoms. Yet, this decision was not necessarily related to risk, as explained in Mark’s narrative:

‘Um if there was someone I really thought looked risky I might say we’ve got to use rubber from the beginning but frankly probably just wouldn’t play with them. Not because I was afraid of them but we just wouldn’t have that connection to begin with.’

(Mark, 51: bottom narrative)

In Mark’s excerpt, the lack of congruence in a partner’s performance is read by him to mean that there is a lack of sexual connection. It is because of this lack of connection that

he would not only avoid bareback sex but would probably avoid the sexual encounter entirely.

4.4.2 STRATEGIES OPERATIONALIZED TO MAKE BAREBACK SEX SAFER

In order to overcome their cognitive dissonance, participants operationalized a number of strategies that they believed would make bareback sex safer. There were several risk-reduction strategies that men in this study discussed, some of which were across top and bottom narratives, while others were specific to a sexual position. The use of strategies to make bareback sex safer among HIV negative men is common, with 37.5% of MSM employing some form of risk-reduction behaviour when engaging in condomless anal sex (Snowden, Raymond & McFarland 2009). For men in this study, these strategies reflected their considerable insight and knowledge of HIV transmission and HIV prevention. This knowledge was interpreted and incorporated into a personal prevention ethic.

In terms of HIV knowledge, participants were aware that HIV can lead to AIDS and that since the introduction of antiretroviral therapy HIV is now considered a chronic disease. They were also aware that the number of HIV deaths has significantly declined in recent years. Yet, despite being able to articulate that HIV is a managed, chronic disease, many still equated HIV with AIDS and death:

'I think in terms of uhmm... in term of people... there are... two trains of thoughts. The old train which is HIV equals AIDS equals death.'

'Uh-huh.'

'And uhmm... the... the kind of new trend which is uhmm... is not death but is a lot of problem.'

(Luc, 51: bottom narrative)

Perhaps a reflection of the older age of some participants, many spoke about their experiences of HIV prior to antiretroviral therapy, and recounted that they had lost friends and partners to the disease. In relation to HIV transmission, all of the participants were aware that bareback sex was an effective mode of HIV transmission. They were also aware of the increased risk of having bareback sex with a partner who recently acquired HIV, irrelevant of sexual role. In relation to other sexual practices known to increase the risk of HIV transmission, some participants stated that fisting before engaging in bareback sex increased the risk of transmission due to rectal trauma. Several articulated that HIV

transmission through oral sex is possible, although unlikely, but also recognised the increased risk with ejaculate in the mouth. Some participants were also aware of the term 'viral loads' and knew that if a positive partner was on treatment and had an undetectable viral load the chances of transmission would be reduced. Many were also familiar with post-exposure prophylaxis for HIV and several had accessed it, some more than once. Nearly all of the participants tested for HIV and other sexually transmitted infections on a regular basis. This was at least annually and some tested more frequently than that, especially following a perceived HIV risk. Despite all of the participants demonstrating good knowledge of HIV overall, there was one notable exception:

'...what that told me is I don't really want to be fucking without condoms in that kind of place [sex venue] because erm, people who are in those kinds of places can [sero] convert more easily than anywhere else. So I tended to stop doing that [having bareback sex as a top].' '... I don't take risks that I don't think are unreasonable so erm if I am going to have unprotected anal sex I'm usually the bottom.'

(Mark, 51: bottom narrative)

Following what appears to have been an in-depth discussion with his general practitioner about bareback sex in sex venues, the message that Mark understood was that bareback sex was particularly risky in these venues, so he therefore preferred to have bareback sex as a bottom as he considered it to be safer. Although Mark's interpretation of the discussion with his general practitioner is not accurate, his excerpt demonstrates how participants would receive and interpret HIV prevention messages and incorporate them into their own personal safer-sex strategy.

4.4.2.1 MAKING SEX SAFER: ACROSS SEXUAL ROLES

Some of the strategies that men deployed in an attempt to make bareback sex safer transcended sexual role. One of the most common strategies for risk mitigation was negotiated safety. However, as discussed earlier, this strategy was rarely deployed correctly. Based on their risk assessments, which I discussed earlier, participants generally perceived that there were acceptable and unacceptable risks related to each barebacking encounter rather than assuming that all bareback sex was uniformly risky.

Another common strategy cited by participants was selecting partners perceived to be sero-concordant which is known as 'sero-sorting' (Dubios-Arber 2012). There were three

ways in which sero-sorting could be operationalised by participants. The first two were applied at an individual level. For example, as demonstrated in James-Lee's excerpt earlier, sero-sorting could be based on the physical characteristics of a partner, such as whether he appearing healthy and/or not emaciated. It could also be based on discussions with familiar partners:

'And then we discuss about more um, intimacy things like for example HIV state... status. And although you can't... trust someone when they say they're not... When I want points you can't demand to people to come with the paper all the time.'

(Luc, 44: bottom narrative)

The third approach of attempting to ensure sero-concordance was at the population level, through the use of technological spaces:

'...if a guy on Gaydar usually will say I like barebacking with big letters or whatever I will usually avoid him, but strangely enough that's probably unconsciously to do with risk if someone is clearly a big barebacker they are positive and that is the assumption that I make.'

(Peter, 40: top narrative)

Such prior screening, as seen in Peter's excerpt, consists of an assumption about HIV status that is based on the content of an internet profile.

The next strategy that participants employed that transcended sexual role was related to the duration of the bareback sex itself. Across top and bottom narratives there was a perception that it was acceptable to engage in bareback sex briefly, as to do so for a longer period was an unacceptable risk, especially if the participant was the bottom:

'...I wouldn't let someone fuck me properly for very long without a condom because I am aware the risk is higher if you are a bottom. And for me that is not an acceptable risk.'

(Peter, 40: bottom narrative)

Peter's narrative indicates that he is aware of the increased risk associated with barebacking as a bottom but that, even so, he is prepared to engage in bareback sex as a bottom with a casual partner. However, he deems the risk of being penetrated bareback

for any length of time to be unacceptable and mitigates the situation by reducing the duration of penetration.

Another strategy that men used to make their sex safer was to access PEPSE following an encounter deemed to be risky:

'the first thing I thought of in the morning was the fact that I'd had ah, unprotected sex with somebody I knew absolutely nothing about, erm... which was the first. And I was aware of – casually aware of PEP from the... seeing the ads in the gay press. Er,m... and immediately about that lunch time phoned erm... a sexual health clinic off Tottenham Court Road, made an appointment, went to them that afternoon and went through the usual process which culminated in them prescribing PEP for me.'

(Richard, 50: bottom narrative)

According to the 2011 BASHH / BHIVA guideline, PEPSE is recommended for all condomless anal sex that takes place between men in high prevalence areas such as London. However, out of all of the participants who accessed PEPSE, all but one had engaged in other bareback sex after which they had not accessed PEPSE. Accessing PEPSE following bareback sex was primarily related to the degree to which the risk was deemed unacceptable, and this judgement was not necessarily related to sexual position. For example, some participants had receptive sex with a casual partner and did not seek PEPSE. Risks that were deemed unacceptable tended to relate to bareback sex with particular partners, such as discordant partners, or to particular situations that participants considered risky. For others, risk was related to particular practices, such as internal ejaculation or bareback sex as a bottom. What emerged was a complicated picture, with participants making dynamic, subjective assessments based on the range of factors discussed earlier in this chapter and making these assessments both from situation to situation and from partner to partner. This selective assessment resulted in some participants accessing PEPSE for some encounters but not for others, while some participants engaging in bareback sex did not access PEPSE at all as they did not consider the encounter to be risky enough.

Another strategy related to antiretroviral therapy that several participants cited was the knowledge of the partner's viral load, when engaging in discordant bareback sex:

'I knew that they were HIV-positive, erm and one of them had basically said my viral under I am undetectable...'

(Andrew, 32: top narrative)

Andrew's comment demonstrates a sophisticated knowledge of HIV and an awareness of the wider contemporary discourse on HIV prevention. While an undetectable viral load is associated with sexual risk-taking in sero-discordant couples (Van de Ven et al 2005), within casual encounters it relies on the issue of HIV status being raised and the disclosure from the positive partner of their HIV status. For the purposes of HIV prevention, however, an undetectable viral load requires two consistent results over a six-month period. In addition, there can be discrepancies between plasma viral load and that in the genital tract/semen, especially if there is a co-existent STI. HIV barebacking partners engaging in high-risk bareback sex, either with multiple or unknown partners, are at increased risk of acquiring a co-existent STI, which could potentially increase the risk of transmission. Yet participants did not enter into discussions about consistent undetectable viral loads, or previous sexual risk-taking behaviours, which therefore meant that their perception of lower risk could be unsupported, making bareback sex potentially riskier.

4.4.2.2 MAKING BAREBACK SEX SAFER: BOTTOM NARRATIVES

All of the participants with the exception of Mark were acutely aware that the risks of HIV transmission during bareback sex as a bottom were higher compared to those associated with having bareback sex as a top. As a result, nearly all of the men engaging in bareback sex as a bottom would not do so unless there was some risk mitigation. As presented earlier in this subtheme, partner selection was the most common approach that men used to reduce their risk as a bottom. The second most common risk-reduction technique, and the one that was unique for bottoms, was no internal ejaculation:

'er one of them was with a one night stand who I knew from the pub, er and erm I took him home one night, I was drunk and erm he was hot and I was like I need, I need to be fucked, so fuck me. And he withdrew at the point just before the point of ejaculation.'

(Paul, 38: bottom narrative)

In this example, the avoidance of internal ejaculation was through coitus interruptus (i.e. the removal of the penis from the anus prior to ejaculation), with the only alternative strategy being employed was the use of condoms towards the end of intercourse for ejaculation. Participants were aware of the potential risks associated with coitus interruptus; for example, both of the approaches to the technique are reliant on the top as

well as the risk from pre-ejaculate. These concerns however, did not prevent many participants using this technique, perhaps reflecting the limited options available for bottoms.

4.4.2.3 MAKING BAREBACK SEX SAFER: TOP NARRATIVES

Within top narratives, men presented two position-specific strategies that they believed would make their bareback sex safer. The first of these was a variation of strategic positioning, namely that men were more likely to engage in bareback sex as a top or to insist on condoms if they were to bottom:

'... a lot of people say that actually it's safer for you to be top you know...'

'...I much rather if I'm being a bottom with a guy using a condom on me.'

(James-Lee, 36: bottom narrative)

The excerpt from James-Lee is typical as almost all of the participants articulated that they considered the risks to be lower and that they would be less likely to acquire HIV if they adopted the top role during bareback sex. Men in this study were, accordingly, either willing to adopt the top role during barebacking encounters or indicated that they would be more inclined to insist on condoms if they were to bottom. What was unclear from men's narratives was how they would negotiate condom use for sex as a bottom in a sexual encounter in which they were versatile and had previously engaged in bareback sex as a top.

Another strategy described by two participants was mentioned in conjunction with a position-specific strategy. Specifically, these participants explained that because they were circumcised, they were less likely to acquire HIV:

'I'm less likely to get it than I wouldn't say most people but than a lot of people because I'm a top, because I'm cut erm, these two things help.'

(Peter, 40: bottom narrative)

It has been known since the 1980s that men who are circumcised are less likely to acquire HIV during penetrative sex than those with an intact prepuce. Recent randomised controlled trials in Africa have demonstrated that circumcision of heterosexual men

dramatically reduced HIV transmission (Wei et al 2011; Gray et al 2007; Bailey et al 2007; Auvert et al 2005; Siegfried 2009; UNAIDS 2007). While being biologically plausible as a prevention method, its role in HIV prevention for MSM remains contested, not least because of gay men are not exclusive in the sexual position adopted during sex.

Finally, the two other strategies that were cited by men in top narratives were using lots of lubrication, and urinating and washing after sex.

It is clear from these narratives that men are being exposed to many HIV prevention messages which they are interpreting and incorporating into their own personal HIV prevention strategy. Consistent with the literature, individuals attempt to manage potential exposure to HIV by utilising a range of approaches, including assessing HIV-status, varying the sexual position adopted during sex, and considering viral-load (Flowers & Duncan 2002). These HIV prevention messages, however, are becoming more complex and so men struggle to address the numerous HIV prevention strategies during a sexual encounter. Some participants, such as Mark, have misinterpreted the messages that they have received, putting themselves (and possibly their partners) at risk of acquiring HIV. Others have used the information as a way of being able to justify, at least to themselves, that some of their barebacking encounters are less risky than they perhaps are in reality. Some participants placed great faith in the efficacy of their strategies, however, and participated in frequent bareback sex, with subsequent HIV-negative results reinforcing their confidence in the strategies.

4.5 CONCLUSION

In this chapter, I have presented the data associated with super-ordinal theme two, the act of bareback sex. I have used aspects of Goffman's *The Presentation of the Self in Everyday Life* in order to examine sexual interaction between participants and their sexual partners in relation to the negotiation of bareback sex. I have demonstrated that the location where sex occurs, or the performance space, may influence an individual during an encounter, contribute to their agency and make them feel safe in some environments and less safe in others. In addition, I have been able to show that the negotiation of bareback sex is a complex interaction between participants and their sexual partners that primarily relies on nonverbal means of communication. I have also been able to demonstrate that for many participants the decision to bareback is often not made until the point of penetration.

Men in this study experience conflicting trains of cognitions which they needed to overcome in order to engage in bareback sex. Participants did this by assessing the riskiness of their partner; however, such assessment was often based on subjective judgements, such as how healthy a partner appeared. They also operationalised personal safer-sex strategies, which were often based on sophisticated HIV knowledge and contemporary HIV prevention interventions, such as treatment as prevention. Some of these strategies were shared across top and bottom narratives, while others were specific to a particular sexual position. In the next chapter, I examine the third and final super-ordinal theme which explores the meanings that men ascribe to bareback sex.

CHAPTER FIVE

SUPER-ORDINAL THEME THREE: THE MEANINGS MEN ASCRIBE TO BAREBACK SEX

5.1 INTRODUCTION

In this the third and final findings chapter, I present those data related to the meanings that participants ascribed to bareback sex. As highlighted in the literature review, the meanings that individuals have for barebacking have been examined in many qualitative studies to date, yet sexual position is conspicuous by its virtual absence. I will demonstrate in this chapter that there are significant differences in the meanings that men ascribe to barebacking according to the sexual position that they adopt during a barebacking encounter. The meanings the participants ascribe to barebacking are of significance because "... human beings act towards things on the basis of the meanings they have for them" (Blumer, 1969:2). Blumer (1969) argues that the meanings, in this case pertaining to bareback sex, arise through social interaction with others. To a great degree, this social interaction will be sex; therefore, individuals will be learning about meanings through interactions with sexual partners. Whether they adopt the top or bottom position, they will be learning about the meanings associated with their own sexual position, the sexual position of their partner, as well as bareback sex itself. As such, this is another area in which the interplay between sexual position and bareback sex can clearly be seen. In addition, the meanings that participants ascribe to barebacking will, for some, on occasion motivate them to engage in bareback sex; therefore, evaluating the meanings may be useful in providing some insight into this behaviour.

This brings me to an important point about linearity and the location of this theme within this thesis. In the previous two super-ordinal themes I have plotted the experiences of participants who engaged in bareback sex. I began in Chapter Three with the first super-ordinal theme, explaining how participants 'located' their barebacking encounters. I continued in Chapter Four with the second super-ordinal theme, 'the act of bareback sex'. In this chapter, I used Goffman's (1959) *The*

Presentation of Self in Everyday Life, Gagnon & Simon's (1973) sexual script theory, and Festinger (1957) as frameworks to both present and help evaluate how during a barebacking encounter participants communicate their desire to bareback, negotiate bareback sex, and overcome their cognitive dissonance. Although I have located this super-ordinal theme at the end of the findings chapters, I am not suggesting that the meanings men ascribe to barebacking are necessarily a by-product of the factors considered in the previous two chapters (although they may be). For example, meanings may be a motivating factor to an individual's engagement in bareback sex, and as such the meaning may proceed rather than follow a barebacking experience. Thus, the third super-ordinal theme is both interconnected and intersects with factors across the other two super-ordinal themes. This intersection is made evident in the coalescence of several factors within the same portion of a participant's narrative. For example, for men in romantic relationships, barebacking invariably had an emotional basis; therefore, the context and negotiation were intimately bound with the meanings that men ascribed to the act as well as the factors considered in the previous two chapters.

In addition to the issue of linearity, there is also the issue of the multiplicity of meanings as the participants in this study ascribed multiple meanings to their engagement in bareback sex. Some of these meanings related specifically to barebacking itself, such as its association with sensory or psychological pleasure, whereas other meanings were more contextual and pertained to interpersonal factors, such as the nature of the relationship between the participant and their partner. Accordingly, this chapter is formed of two subthemes. The first subtheme is concerned with the pleasure associated with bareback sex, and by this I mean pleasure in its broadest sense including eroticism and transgression. The second subtheme explores the meanings men ascribed to barebacking in romantic relationships.

5.2 SUBTHEME ONE: THE PLEASURE ASSOCIATED WITH BAREBACK SEX

Pleasure was a recurring theme in men's barebacking narratives and was common across both sexual positions. The pleasure that men experienced during a barebacking encounter could be physical (sensory), psychological (cognitive-affective), or both. In top and bottom narratives, physical and psychological pleasures were often constructed in opposition to sex with condoms, which participants considered inferior. In addition, while all men reported psychological pleasures associated with barebacking, there were differences in

physical pleasure according to sexual position. In relation to psychological pleasure, these feelings were associated with the meanings men ascribed to barebacking, such as naturalness, intimacy, semen-sharing and transgression. I begin this section by presenting the data related to physical pleasure and barebacking before addressing the psychological pleasure and meanings that men associated with bareback sex.

5.2.1 THE PHYSICAL PLEASURE

An obvious motivation for an individual to engage in bareback sex and one that participants reported was because they found it physically pleasurable. This dimension of pleasure in men's narratives was related to the physiological sensations associated with barebacking, including internal ejaculation. In top narratives, men took pleasure in the sensations transmitted through skin to skin contact with their partner, such as expressed below:

'...if I fuck without condom sex so you know like the sensation because the skin you know, the contact with the skin you can feel the contraction of the arse when you don't use the condoms the condom is like a barrier for you to feel the direct sensations of the arse itself.'

(James-Lee, 36: top narrative)

Here James-Lee's derives physical pleasure from being able to feel the contractions of his partners 'arse'²³ during bareback sex. Also of note is how he constructs the physical pleasure as being oppositional to sex with condoms. This was a recurring theme in men's narratives, where the pleasure associated with barebacking was presented in opposition to the reduced pleasure of anal sex with a condom.

'Um I'm cut so I have a head that's not that, was going to say not that sensitive but it is sensitive enough but it's not as sensitive as someone that's uncut so having to put a condom on top of it makes it even less sensitive again.'

(Barry, 55: top narrative)

In the excerpt from Barry, there is a confluence of two factors: decreased sensitivity due to circumcision status, which is exacerbated by condom use. His assertion is therefore that bareback sex is more pleasurable, to sex with a condom. Male circumcision is reported to

²³ In the narratives, men talked about being in their partner's 'arse' or sensations from their partner's 'arse', which in this context would be the anus and rectum

decrease sexual satisfaction and increase sexual dysfunction (Tobian, Gray & Quinn 2010). This barrier to sexual pleasure through penetration, especially when coupled with use of a condom, results in many circumcised men engaging in a wider repertoire of sexual practices in order to increase sexual pleasure, which may place them at greater risk of HIV acquisition (Laumann, Masi & Zukerman 1997; Kippax et al 1998). For Barry, bareback sex increases the physical pleasure associated with anal sex as a top.

In addition to increased sensory pleasure, participants also reported a range of improved physiological sexual functioning when engaging in bareback sex, such as the ability to sustain erections for longer, exert greater control of when to ejaculate, or being able to 'cum'²⁴ better.

'I can keep a hard-on longer if I don't have a condom on basically erm, so it tends to stipulate the duration of fucking someone let's say. If I didn't have a condom on I can maintain a hard-on a lot longer.'

(Andrew, 32: top narrative)

'I can control what, when I come and how often I come too. I mean without a condom I can come again and again. With a condom forget it, I come once and it's usually so much effort to actually get there.'

(Peter, 40: top narrative)

'If I fucked with the condoms probably it would take me three times longer than to cum rather than without condoms that's how I can compare it. Basically I can cum whenever I want if I fuck without condom.'

(James-Lee, 36: top narrative)

This increase in sexual pleasure and improved sexual functioning was not limited to top narratives as it was also seen in bottom narratives too:

'I didn't imagine uhmm... that it could be so good. I didn't imagine that it could make... me feel so good. I didn't-I didn't, I discovered that, you know, my own erection could be so much more intense; my own orgasm which was so much more intense whilst I was having anal sex.'

²⁴ Men used the term 'cum' to not only describe semen but also to describe both the act of ejaculation and orgasm.

(Richard, 50: bottom narrative)

Richard was “amazed” by the increased sexual pleasure he received from engaging in bareback sex as a bottom. In bottom narratives, men enjoyed the feeling of their partner’s bare penis inside them because of the sensations they experienced to their own anus. This included the warmth and texture of the skin of their partner’s penis and how different it felt when their partner’s pulsating penis ejaculated inside them. Richard reports that the bareback sex not only felt good but also improved his sexual functioning. Specifically, he had better erections and orgasms, which he describes as being more intense. Furthermore, bottoms also reported being able to use different lubricants during bareback sex such as oil-based lubricants or saliva, which could also contribute to their experience of pleasure:

‘...the potential of them[condoms] breaking, erm the type of lubricants you need to use with them[condoms] I-I-I don’t seem to enjoy the-the water-based stuff, I-I-I use Vaseline with them it just seems to be an-an easier more smoother feeling than, than the other lubricants I’ve-I’ve-I’ve tried with them so. I don’t know, it’s just the benefits of not using condoms is-is-is more, it feels more natural. Erm we can use different types of lubrication that has different feelings.’

(Robert, 31: bottom narrative)

‘...we didn’t often... use... lube anyway. Uhhh... he just, uhmm... spit out his saliva. And I guess that was another thing really because it – yes, his penis was wet but it wasn’t... it wasn’t like a slick lube and uhmm...’

(Richard, 50: bottom narrative)

There was the concern as seen in Robert’s excerpt of not enjoying water-based lubricants but nevertheless not being able to use Vaseline, an oil-based lubricant, due to its effect on latex. He reports that the type of lubricant influences the sensations that he experiences. For Richard, engaging in bareback sex meant that no lubricant except saliva was required. The use of saliva also has the benefit of being a natural fluid. However, the intensity of physical pleasure was a less common feature of men’s bottom narratives, as many men purported that physiological sensations as a bottom would be similar whether the top used a condom or not.

'But yeah, I'm less, being protected or unprotected whilst passive I don't see as big a difference. I don't feel as big a difference. Does that make sense?'

(Andrew, 32: bottom narrative)

'... you can't really feel it. I mean all you can feel, you can feel the same thing if he's wearing a condom right, you'd feel the same, his body would respond the same way...'

(Mark, 51: bottom narrative)

In both Andrew's and Mark's excerpts, they describe that the physiological responses from the top would be the same, whether the top was wearing a condom or not. For them, the pleasure associated with barebacking as a bottom is not purely about physical pleasure. Even though many bottoms felt that, physiologically, anal sex would feel the same with or without condom use, there were still several physiological reasons why bareback sex would be better for them than condom sex. For example, the quality of a partner's erection would be better without the condom and therefore the sex would feel better because of their partner's improved erection. In addition, there were negative physiological consequences of using condoms, such as latex allergies causing burning sensations to the anus that would make bareback sex without condoms the more pleasurable option. These types of condom-related issues could also be seen in top narratives, as James explains:

'Um I mean physically it feels better, it's a, it's a nicer sensation and it feels more intimate [] Yeah, there's not that tight feeling of a condom just squeezing on you and rubbing and the feeling of the latex sometimes burning and giving me that hot prickly sensation on my skin. You know it's not pulling my foreskin back when it doesn't want to go back and you know um yeah it's just a, it just feels more natural, it feels like actually properly kind of inside someone, not putting some barrier between you and them.'

(James, 34: top narrative)

For James, the pleasure of bareback sex is in his case a lack of discomfort that he would normally experience when using a condom. Elsewhere in the interview, he states that his penis is "large" and therefore finding condoms that fit is often a challenge for him. He also states that he has phimosis, which helps explain the prepuce issues that he has when using condoms. And, finally, like many of the participants there is the suggestion of a latex allergy. This freedom from pain is in alignment with many of the theories of pleasure,

which describe pleasure as being pain free (Smut 2011). Further to the sensory aspects of pleasure are the psychological aspects that James considers pleasurable: the lack of a physical barrier between him and his partner, the properness of being inside someone, and the intimacy and naturalness of barebacking. These psychological pleasures I will return to later in this chapter, but beforehand I want to make a point about one final aspect of pleasure, which is that commonly there was a fusion in men's narratives between the notions of physical and psychological pleasure.

5.2.2 THE PHYSICAL AND PSYCHOLOGICAL PLEASURE

As noted above, there was a fusion in many narratives between the sensory and psychological pleasure of engaging in bareback sex. These two aspects of pleasure were either interwoven, as seen in James' excerpt, or participants would oscillate between the two as can be seen in the following excerpt from Andrew:

'...it's just physically I just find it a lot more pleasurable. Maybe it is psychological and it's a circular argument. I just enjoy it. I like doing it.'

(Andrew, 32: top narrative)

Like other participants, Andrew begins with a description of the sensory experience as for him this is the most obvious source of pleasure, with his bare penis being stimulated by this skin of his partner's rectum. As he is talking, he then becomes aware that there is also a psychological dimension to his pleasure. This creates a tension for him which he calls "a circular argument": is it physical or is it psychological? He is unable to determine whether it is psychological or physical pleasure that he is experiencing so gives up and summarises by saying, "I just enjoy it". This tension for participants in discussing this topic was more common in top narratives than in bottom narratives. The psychological dimension of the pleasure derived from barebacking could coexist, as seen in the previous excerpts from James and Andrew, or could predominate, as seen in many of the bottom narratives:

'I'd like him to cum inside me anyway it would just be a whole different level of experience and that's psychological. You don't know when a guy's cum inside you, you can't really feel it. I mean all you can feel, you can feel the same thing if he's wearing a condom right, you'd feel the same, his body would respond the same way you don't feel the cum inside you um until it cums out which is annoying. So there's something psychological about that,

it's not about the physical at that point as a bottom. It's psychological, it's very important, very real.'

(Mark, 51: bottom narrative)

Bareback sex was for many bottoms a profoundly psychologically pleasurable experience. Psychological factors such as heightened intimacy or relationship satisfaction can also increase the intensity of pleasure experienced (Mah & Binik 2005). In the excerpt from Mark, he notes that, physiologically, the sex is the same but yet he still desires a particular casual partner to ejaculate inside him. As noted by others (Holmes & Warner 2005), barebacking in this context is a means to an end as the receiving of semen is not possible if a condom is used. A consideration here is that the act of being ejaculated in doesn't feel physically any different for Mark, but is still psychologically more pleasurable for him. That is, having a partner ejaculate inside him takes the experience of bottoming to a different (heightened) level of experience, which Mark considers both real and important. It would now be a useful point at which to consider some of the psychological dimensions of pleasure that participants associated with bareback sex, beginning with eroticism.

5.2.3 THE EROTICISM OF BAREBACK SEX

Participants found engaging in and fantasising about bareback sex erotic:

'if you think just purely about the act, it's, it's, it's more exc, more exciting to think that but that's not...that's not the driver...think-thinking about it can make...can make me more... can turn me on more.'

(Richard, 50: bottom narrative)

This eroticism contributed to participants' psychological pleasure and was seen across both top and bottom narratives. For men in this study, eroticism was specifically linked to condomless anal sex, internal ejaculation, and breaking the rules, each of which were key features in men's sexual fantasies:

'I think in terms of um sort of both of our sex lives and fantasies I think condoms don't feature particularly and you know ejaculating in the other person does.'

(Pete, 29: versatile narrative)

Pete and his romantic partner both engage in and fantasize about barebacking and exchanging semen with each other. This suggests that for them there is a link between the eroticism of barebacking, the giving and receiving of semen, and their actual experiences of having bareback sex. Of note is that it is not just the barebacking that is considered erotic but also the insemination. This eroticisation of insemination was not limited to men in relationships, as Peter explains:

'My biggest ever fantasy which I've only really done once or twice [...] is a guy getting fucked, preferably really cute guy, getting fucked by a whole pile of guys they all bareback they all cum inside him and then I have a go and when I finish someone else has a go. And er if I'm barebacking a guy it kind of feeds back into that fantasy.'

'The other, the guy that I shagged three times the other day sorry, [...] he had his cum dripping, my cum dripping out of his arse and stuff like that and it's such a turn on.'

(Peter, 40: top narrative)

In the rich example of Peter's fantasy, insemination of the "cute guy" by a group of men is an exemplar of how semen was erotically constructed by participants. Peter's penis is engulfed not only by the "cute guy's anus", but also the other guys' intermingling semen, which he in turn adds his own semen to before, as he puts it, someone else "has a go". In this construal, barebacking, although important, is just a vehicle rather than the predominant feature of the fantasy. That is, as seen earlier in this chapter, it is a means to an end, with insemination not incidental but actually the essential component of his fantasy. When later in the interview he recounts a recent experience of barebacking with a casual partner, he describes in vivid detail having his semen "dripping out of the guy's arse". Again here the semen plays a central role in the eroticism of his narrative. He even acknowledges that this recurring fantasy feeds into his sexual experiences, which undoubtedly feeds back into his fantasy.

For other men, the eroticism could be found in the experience of barebacking itself:

'But basically what going on in your head is what you see in front of your eyes you know, like you see, you're with this guy who's really gorgeous, really good looking you really like him, the

*chemistry is there you know. And you are doing that
[barebacking]...'*

(James-Lee, 36: versatile narrative)

In James-Lee's narrative, he finds watching himself having bareback sex with a partner erotic. Unlike Peter's narrative, which centres on insemination, James-Lee's is focused on condomless penetration. However, what can be seen in both men's narratives is a circularity of eroticism and experience. Barebacking and internal ejaculation are erotically charged and are integrated into their sexual fantasies, which, when given the opportunity, are acted out in their sexual realities.

5.2.4 THE SYMBOLIC NATURE OF INTERNAL EJACULATION

As I have just demonstrated, internal ejaculation was considered erotic and was a feature of many men's sexual fantasies. This is also described in the literature as 'semen exchange' (Holmes & Warner 2005), a practice that is imbued with meaning. The sharing of semen through internal ejaculation was considered significant for most participants, and there were commonalities across top and bottom narratives. These common attitudes included the giving or receiving of semen being seen as unique, exclusive and intimate, and being related to sexual enjoyment, procreation, heterosexuality and masculinity. That said, there were also themes that were exclusive to top and bottom narratives, which I will now consider.

5.2.4.1 THE SIGNIFICANCE OF RECEIVING SEMEN

*'...having somebody cum inside you is a turn on it's, you know it's
intimate, it's hot, it's wet, it's sticky...'*

(James, 34: bottom narrative)

James who considered himself to be a top, and had never allowed anyone to ejaculate inside him, found the idea of receiving semen erotic, a view shared by many bottoms in this study. As I have shown earlier in this chapter, participants who adopted the bottom position commonly expressed that the physical experience of receptive anal sex and internal ejaculation was similar whether a condom was used or not; however, they still found having a partner ejaculate inside them pleasurable due to the meanings that they

and their partners ascribed to it. It was the process by which the semen got from the top to the bottom, through receptive condomless anal intercourse, that was seen as intimate, and the act of being inseminated could intensify the sexual experience for the bottom:

'I enjoyed the fact that he ejaculate inside me because it's like -- going back to what I said before, it's-it's just something from, it's kind of like, I-I-I think of it as kind of... it's the essence of... a man really.'

'...think-thinking about it can make...can make me more... can turn me on more but when-when it comes to the actual act of him ejaculating inside me...uhmm it is just that extra thing that you're sharing together. It means something...it means something inside me that I often try to put into words with him at that time uhmm... but it's quite difficult to do so and it's kind of almost indefinable what...it's. it's to me, it's him sharing...it's not just him sharing... his body with me. He's sharing, you know... yes... sharing you know... cumming inside me, you know, it's him physically giving me that, that fluid inside me.'

(Richard, 50: bottom narrative)

There are several points about receiving semen that I would like to assert. First, for men in bottom narratives, receiving semen was a practice that in general was limited to romantic partners. Even Mark, the only participant to discuss receiving semen outside of a romantic relationship, would limit this practice to partners that he was confident that he could trust in relation to their sexual conduct with others. Mark's limitation of this practice may in part be in response to the risk that receptive anal sex carries (i.e. that receiving semen relates to HIV transmission) and may contribute to increased intimacy with his prospective partners.

Second, participants clearly enjoyed being penetrated by the partner and having his resultant ejaculation inside them. They found the experience to be erotic, contributing to the intensity of their sexual experience and their sexual pleasure. However, men in this study acknowledge that there were many ways to be a bottom and, as noted by Hoppe (2011), one of the ways in which a bottom can derive pleasure from receptive anal sex is through the pleasure that they give to their partner:

'I know that it gives him incredible amounts of pleasure so that's pleasure giving to me in itself him enjoying himself is with me, is pleasurable to me.'

(Paul, 38: bottom narrative)

There are two notable aspects to this notion of giving pleasure by the bottom. One related to knowing that a partner enjoyed barebacking and ejaculation as a top, which contributed to the bottom's pleasure, even for men such as Paul who didn't actually like semen. The other pertained to the bottom giving himself to his partner as a vessel for the partner's pleasure. This required the bottom to temporarily give ownership of their arse to the top to use for their pleasure: the fullness of the rectum as it receives the penis, the bottom overcoming discomfort by exercising self-control. Perhaps, in this case, the ejaculation could be seen as a physical expression of the top's pleasure. The bottoms can unambiguously see that they have pleased their partner (although as several men noted evidence of the physical representation may be delayed until the semen makes an exit).

Third, as I previously mentioned, semen exchange was mostly limited to sex with romantic partners, with the act of receiving semen represented in men's narratives as adding another dimension of intimacy to the sexual experience. For many bottoms, being ejaculated in was associated with the notion that they were being claimed by the top or that they were his:

'...um er someone coming inside me means they are my boyfriend and I'm in love with them and I completely trust them. And it's kind of them claiming me which I actually really like. I mean really, really like...'

(Peter, 40: bottom narrative)

Furthermore, seminal fluid was described by Richard as the "essence of man"; this symbolism of the fluid being both of and from the romantic partner was held by many bottoms. The semen is made deep inside the top, it contains the top's DNA, and it is deposited through bareback sex deep inside the bottom. Through the process of insemination, the top is not just sharing his body through sex, he is also physically sharing a part of him (his semen) that is impossible if condoms are used. Once the semen is deposited, the top is leaving part of himself inside the bottom, which meant that the bottom could 'hold' their partner with them, even after the sex was finished and the top had left the house:

'Yeah, yeah I like knowing, erm well it's difficult to see each other sometimes, so I only see him once or twice a week so again it sounds corny but I-I-I I like the feeling that knowing that he's, he's inside me as well [laugh] [] the enjoyment of that-that-that feeling

that they are still with you even though they've probably left the house.'

(Robert, 31: bottom narrative)

The depositing of semen inside a partner could therefore be seen as a physical representation of the emotions that both partners were experiencing, with the act of being ejaculated in promoting connection between the bottom and the top:

'and [if] he tops me I feel like there is a connection we do that, if there is a relationship and we come inside each other. Like there is a connection going on, you know what I mean.'

(James-Lee, 36: bottom narrative)

5.2.4.2 THE SIGNIFICANCE OF GIVING SEMEN

'...this sounds so crude, it's like you've completely conquered somebody if you have cum inside them, it's like you own them.'

(Peter, 40: top narrative)

As in bottom narratives, internal ejaculation was seen as erotic, pleasurable and associated with love and intimacy in top narratives. However, as can be seen in this extract from Peter's narrative, the rather romantic view of receiving semen in bottom narratives was in contrast to how giving semen was seen by many tops. More specifically, tops did not restrict ejaculation to romantic or significant partners, perhaps reflecting the different HIV risk associated with insertive rather than receptive anal sex. There were also more masculine overtones to the top narratives, where barebacking and internal ejaculation were associated with aggression, achievement and ownership:

'Good actually. Yeah for two reasons, one is kind of like oh I got what I wanted, the other is, and it feels good, I mean I love it, especially if I cum inside them it's kind of a slightly macho, I don't know if it's a control freak thing or if it's a macho thing but it's a turn on, a big turn on.'

(Peter, 40: top narrative)

'I suppose I feel that ok um er you know that, was going to say that I've achieved something, sort of some sort of putting a stamp on it and ownership, you know left my mark inside someone else.'

(Barry, 55: top narrative)

'I've got to be feeling aggressive and if I feel aggressive toward a guy and it really is a alright you asked for it you got it kind of thing. Then if I'm feeling aggressive I cum inside him because I feel like really fucking the shit out of him um and as soon as you put on a condom that dynamic goes away.'

(Mark, 51: top narrative)

The above narratives conjure notions of strong masculine penetrators, overpowering (if not physically then psychologically) the vulnerable bottoms with the act of depositing their ejaculate deep inside their partners. Statements such as "I got what I wanted" (Barry, 55: top narrative); "You've asked for it so you're going to get it" (Mark, 51: top narrative); or "I've used you, I've abused you, now get the fuck out!" (Peter, 40: top narrative) highlight that internal ejaculation was associated with the tops exercising control, something which they also found erotic. As can be seen in these excerpts, the decision to ejaculate internally appears to be taken in spite of any desire from the bottom and is therefore perhaps a physical representation of the top exerting his will over the bottom, who was seen as an obstacle or barrier to internal ejaculation and pleasure.

Closely related to the notion of control was the idea that the act of ejaculating inside their partner fostered a sense of ownership, with insemination bonding the bottom to the top and thereby creating a connection between the two. This connection, however, was not just viewed as romantic, as seen in the bottom narratives, but could also be viewed as a means of the top completely conquering or leaving their mark inside the bottom. This made some tops, like Peter, feel "macho", with the masculinity of the top reinforced through conquering, and ejaculating in, the bottom. However, this perception "further perpetuate(s) the dichotomous and fixed notions of gender(ed) differences" (Moore 2002: 113) between tops and bottoms.

In the narratives, there was a tension associated with the concept of ownership because of perceptions of ownership being broadly negative:

'Well I think I mean, I think ownership probably carries broadly negative, well, yes it does carry negative connotations. I think er it's generally frowned upon on people to own other people. Um

it's not necessarily for people to belong with if not to other people. Um so I think yeah it's, it's, it's a physical manifestation a marker of, of, of two people being close to each other I guess, of sorts.'

(Pete, 29: top narrative)

With regard to the symbolic nature of giving and receiving semen, I have demonstrated that while there were areas where top and bottom narratives converged, there were also differences between the two. The act is symbolic and imbued with meaning; however, as suggested by Moore (2002), these meanings are socially constructed and will vary according to situation and personal perspective. Across both top and bottom narratives, the act of internal ejaculation was celebrated; however, hegemonic masculinity was a notion that was never far away. This in itself is not necessarily negative as the conflation of ejaculation and masculinity appeared to add to the symbolic fantasies of semen exchange and barebacking for both tops and bottoms. More specifically, men within both top and bottom narratives desired to receive or give semen, but the narratives would suggest that there are two distinctly separate scripts in operation. These scripts appear to conform to the binary nature of heterosexual relations, with tops representing the masculine partner and bottom the feminine one. The scripts therefore reinforce gender inequalities between tops and bottoms. Johnson (2010: 238) suggests that "... (e)jaculation embodies and perpetuates dominant masculinity and inextricably links identity with physiological performance" (Johnson 2010: 238). In this view, internal ejaculation becomes powerfully equated with the masculine hetero-normative idea that semen is the embodiment of masculinity and that internal ejaculation is an expression of that masculinity.

5.2.5 BREAKING THE RULES

Another reason that participants found bareback sex pleasurable was related to breaking the rules of safer sex and condom use. All participants demonstrated an awareness of safer sex and condom use, and understood that to not adhere to these rules and engage in bareback sex in certain situations could result in potentially negative health consequences, in particular, in HIV transmission. Yet, with the exception of William who had only had bareback sex with his regular partner and had followed the principles of negotiated safety, all of the participants had engaged in bareback sex that potentially placed them at risk of acquiring HIV. There were several ways that rule breaking featured in men's narratives, as discussed below.

5.2.5.1 TRANSGRESSING SOCIAL NORMS

'Maybe it's not the risk maybe it's the slightly illicit nature of it, like you know what you are doing is wrong or you know, not wrong but you know what you are doing is not sensible but you throw caution to the wind and just go for it. So maybe it's not the risk in itself that's got negative connotations it's actually the kind of illicit nature of it. It's that kind of you abandon of doing something you know you shouldn't be doing.'

(James, 34: top narrative)

As can be seen in the excerpt from James, one of the ways that rule breaking appeared in men's narratives related to the notion that engaging in bareback sex was in some way illicit. This notion was common across men's narratives and could be seen in men's use of words such as "taboo", "forbidden" or "elicit" to describe the act of engaging in bareback sex. In addition, men also explained that engaging in bareback sex that was potentially risky made them feel "rebellious", "wrong" and "naughty". James suggests that for him it is not the risk that is pleasurable but rather the idea of doing something that he feels that he shouldn't be doing. For others, though, the pleasure in barebacking and breaking the rules was about its associated risk, and in particular its risk in relation to HIV transmission. This attitude was often framed in relation to previous personal experiences of HIV, and it was these experiences that contributed to the participants feeling "naughty" as Paul explains:

'[] what I mean by it felt naughty and risky. Doing it was against all of those rational thoughts, mental picture of my mum handing me a box of condoms on the day that Freddie [Mercury] died. You know all of those sorts of things and I was, I was going against the grain. You know I was, I was being naughty.'

Can you remember what you were thinking as he penetrated you?

Um this is a bit risky. Um but as long as he doesn't cum inside me that's ok mixed with oh this feels really good being this naughty. I'd actually forgotten about this, that moment until, it was good sex. Um and it was sex it wasn't making love. Um don't know if there's a difference actually. Um, So I was feeling all of the sensations and pleasure that I was feeling mixed with a bit of um oh this is a bit risky but that's a good thing for me, one of the things I've come to know about me is risky sex is a bit of a turn on for me so um in my youth saunas, cottages er dark rooms were just the bees knees. Er so this felt like I was being safe because I was in my own house but at the same time being, so I was comfortable but I was being a bit risky at the same time.'

(Paul, 38: bottom narrative)

For Paul, there is an attraction to and excitement about engaging in sexual risk. He admits that he has found pleasure in other types of risky sex, such as sex in saunas and cottages, and the particular episode of barebacking he described had fed in to that risky feeling. Later in the interview Paul related it to his experiences of HIV pre ARTs, with both of his friends dying of HIV-related disease, and the moment in the 1990's when Freddy Mercury died and his mum handed him a box of condoms. Like other participants, Paul was frightened both of HIV and acquiring HIV, yet he finds the danger of having bareback sex exciting. James-Lee also found the risk of bareback sex both frightening as well as sexually exciting:

'... people see unsafe sex is like a drugs you know. Basically they have found an excitement of doing it, they find it's more exciting doing it that way, than practising safe sex you know. And if I put this back to myself, myself, it is true. I don't know if it's got something to do with it or not but I'm rebellious and I see myself as a very, very rebellious person.'

(James-Lee, 38: versatile narrative)

James-Lee is aware of the risks associated with bareback sex and is concerned about acquiring HIV, yet, like Paul, finds breaking the rules of safer sex and engaging in bareback sex sexually exciting. While for some men engaging in bareback sex was a reaction to or rebellion against the accepted rules of safer sex and condom use, for James-Lee – who considers himself a rebellious person - the act of engaging in bareback sex was a way of reinforcing his rebellious identity

5.2.5.2 ABJECTION

Although it is not, strictly speaking, an example of breaking the rules, the issue of abjection is one that would be useful to consider at this point in the discussion. Abjection is a transformative process in which a negative experience is transformed into a positive one. As described by Halperin (2007:79), whereas masochism is “the unhealthy enjoyment of pain and humiliation ... abjection consists in a kind of neutralisation of their power through a reversal of the social relations of force”.

Abjection has been described in the literature in relation to gay men and barebacking in two predominant ways: one is that gay men feel abjection because they are

ostracised by mainstream society and therefore engage in bareback sex. The other conception of the term, which is slightly more sophisticated, is exemplified by Mark, who talked in detail about how subjugation/abjection for him were rarely achievable when using condoms but instead very much related to condomless sex, which left him with a sense of fulfilment and peacefulness:

'... I think I'm a completely psychologically healthy person I have a very high level of self-esteem, I'm very responsible for myself but I still have that level of objection in sexual encounter carries a deep emotional charge for some reason that I can't explain. But it's very real. Um so if a guy is fucking me or breeding me if you want to use those words then I feel a level of subjugation or abjection which just has a deeper emotional charge than knowing the guy is wearing a condom. It's psychological not physical. And I'm ok with that. It's the same thing as BDSM you know, sometimes I'll let guys flog the hell out of me or fist me or whatever, all those things are uncomfortable but there's a level of abjection or subjugation to them which makes them very very resonant. And you know very fulfilling and when it's done I just feel this incredible peacefulness or high or something that lasts for a day, you know if you have really had an intense sexual encounter. Even you just come down into this deep sense of peace and you can get that getting fucked without a condom you rarely get it getting fucked with but there's some kind of knowledge of what's going on between the two of you. So if I didn't know a guy's status I wouldn't know that at all I'd be so anxious and pissed off at myself that would never happen I wouldn't get that level of satisfaction.'

(Mark, 51: bottom narrative)

For Mark, the abjection that he experienced was not related to being ostracised by society. If he is having bareback sex (with ejaculation), this creates in him a level of abjection. These feelings produce a deeper emotional charge, which he parallels with (bondage and sadomasochistic (BDSM) sex. But this abjection has nothing to do with sexual risk since allowing somebody to ejaculate inside him if he didn't know their status would fail to give him the desired satisfaction. This is a psychological rather than sensory pleasure, because of his feelings of abjection, which results a sense of peacefulness.

5.2.6 INTIMACY

In contrast to breaking the rules, another reason that participants enjoyed engaging in bareback sex was because it was seen as being intimate. Intimacy has both physical and psychological dimensions "that includes sexual, physical, emotional and communicative

closeness and comfort” to another (Frost, Stirrat & Ouellete 2008: 524). As documented by others (Blechner 2002), the desire by men in this study to seek intimacy was strong and was considered an important aspect of romantic relationships.

‘...it might sound if I am romanticising it a little or uhmm... but, but I think anal sex is the most intimate thing you can ah, share with a man. Uhmm... and rightly or wrongly, ah, I do believe that uhmm... unprotected anal sex adds to that intimacy as well.’

(Richard, 50: bottom narrative)

For Richard, intimacy was an important dimension to his romantic relationship, and engaging in bareback sex added to this feeling. However, intimacy was also desired by men not in relationships and motivated them to engage in bareback sex. Men associated barebacking with intimate connection and closeness with a sexual partner, while condoms were seen as not only a barrier to sensual pleasure but also to intimacy:

‘There is kind of almost a deeper connection with the person erm so you are more intimate, it’s an intimate thing. But there is definitely a physical feeling I think for my penis. Erm I’ve just not having that layer between you it’s just more sensual. So it’s a bit of both it’s the intimacy the erotic, just the closeness of the person.’

(Andrew, 32: top narrative)

In Andrew’s excerpt, having bareback sex with a casual partner is a blend of intimacy, sensuality and the erotic; sex without the barrier of the condom enabled a level of emotional connection with a sexual partner that was unattainable with a condom. Perhaps, in part, this was due to the direct physical connection to the partner, with the skin of his bare penis being in contact with the skin of his partner’s rectum. Another consideration for some was the association of intimacy with making oneself vulnerable:

‘it’s kind of a closeness feeling because there’s such a taboo around about having sex and obviously the risks involved in it are obviously quite high so the fact that you trust someone enough to be able to do that in the first place’

(Robert, 31: bottom narrative)

Robert associates barebacking with closeness, risk and trust. More specifically, the closeness that Robert experienced when engaging in bareback sex with his partner was

connected to his vulnerability in engaging in the risky activity of bareback sex. For any bottom, allowing a partner to bareback and ejaculate inside him carries the highest risk for HIV transmission, and so it is perhaps because of this risk that the bottom connects bareback sex with trust. In Robert's situation, the bareback sex was used to communicate trust within the relationship, which is consistent with the general finding that risk-taking strengthens feelings of love, intimacy and trust (Rhodes & Cusick 2002:12). Part of this trust would represent the emotional trust that Robert placed in the relationship, while the other part might be related to trust in his partner not to put him at risk of infection. This shift in the nature of the relationship was associated by some participants with the intensity of the relationship:

'And the relationship got even more intense and it wasn't until I left my wife that it got even more intense and we've always... we said you know, this is it we want to feel... really intimate with each other.'

(William, 33: top narrative)

It was the intensity of the relationship that drove William and his partner to want to stop using condoms. Once again, we see barebacking associated with intimacy but, in William's case, it is not just that the act of barebacking is viewed as intimate but rather there is a general desire to be intimate with his partner. William engaged in barebacking to promote intimacy within his relationship at a point in the relationship when he had left his wife and moved in with his partner. The intimacy is amplified by limiting condomless sex to each other. By using condoms with casual partners, this in turn reinforces the uniqueness of the relationship.

Notably, condomless anal sex also occurs at a point of change in the relationship. As discussed earlier, men used barebacking as a physical representation of a change in the nature of a relationship from casual to serious. This decision to stop using condoms because of the barrier that they created to intimacy could become problematic for men in the study if condoms were reintroduced:

'I-I-I felt quite intimate with him and close to him erm very very quickly on when we started going out so erm when there-there was that barrier between us after us getting back together again it didn't feel like a barrier between us than than-during sex erm so it just didn't feel comfortable.'

(Robert, 31: bottom narrative)

The reintroduction of condoms following a break in their relationship was seen as a barrier during sex between Robert and his partner. More specifically, this physical barrier was viewed by Robert as a barrier to their intimacy, with the condom becoming a constant, physical and visible reminder of the relationship difficulties that they were working through.

While relationships were often viewed as a place for emotional and physical safety, paradoxically they could also represent a place of risk, with intimacy being the vehicle of said risk. For those in discordant relationships, such as Barry, Pavel and Luc, their desire for intimacy with their partners is at the expense of the potential risk that they put themselves in with relation to HIV. For example, it is completely plausible that one of the reasons that Pavel engaged in bareback sex with casual partners in threesomes/foursomes (while not engaging in bareback sex with his partner) is the desire for intimacy with his partner. For Barry, bareback sex was used as a way of communicating intimacy with his partner, while, for Luc, despite his decision to use condoms with his partner, he was overcome with the desire to make an emotional connection to his partner through bareback sex:

'And.... I could see... I mean, it-it's not really a clever kind of answer I'm going to give to you but that's my... That's my partner, I love him, and ah, and the rest was that moment completely irrelevant... I mean... if he would have been someone else... yes. And even with him, I thought about condoms but... I just... I just couldn't seem. I think it would have been a barrier between him in me, and I certainly didn't?? want any kind of physical barr(ier)... I wanted us to become one again.'

'Was coming inside each other part of that process?'

'Yes... Yes... Very much so, yeah. I mean, a tiny part of me said I shouldn't do it [laugh], but that's my partner and I love him... uhmm... I love him, to-to-to the point of risking my life.... And even more [laugh].'

'So... but I, I think that... the disease d-d-didn't uhmm... It should interfere with our intimacy but it didn't. In my mind it wasn't... it was important, after, before, not... when it happened [laugh].'

(Luc, 44: bottom narrative)

Luc was attempting to use bareback sex to restore intimacy, trust and stability in his relationship. This act of bareback sex was a powerful symbol and potent expression of Luc's love and commitment to his partner. It was also a potent symbol of the relationship by "becom(ing) one", even though engaging in bareback sex as a bottom put his health in

danger. And by surrendering himself to the risk of acquiring HIV, Luc demonstrated that he was willing to give and risk everything for the relationship. As noted elsewhere in the literature:

“...unprotected sex can be a potent expression of commitment, and that this may be commonly explained or rationalised as love. The commitment to a shared destiny, and negative partners’ apparent acceptance of the inevitability of viral dangers as a consequence, suggest a search for relationship concordance or risk equality as key features of relationship survival” (Rhodes & Cusick 2000:23).

There can at times be a conflict between the desire for intimacy and the desire to remain HIV-negative (Frost, Stirratt & Ouellette 2008), and Luc struggled with these competing desires. In craving emotional intimacy with a man he was desperately in love with, he was trying to connect with a different time, no matter how briefly, when their relationship was in a much better place. “Symbolically men in sero-discordant relationships may try to prove their love by trusting each other with their lives. Barebacking can represent the most intimate expression of love [...]” (Theodore et al 2004: 329).

5.2.7 NATURALNESS

Lastly, across both top and bottom narratives, bareback sex was considered natural and there were both physical and psychological dimensions to this view. Physically, the sensation of having bareback sex was considered a benefit, with bareback sex feeling more natural. And, emotionally, engaging in bareback sex also felt a natural thing to do. Naturalness and bareback sex (including ejaculation) was constructed in opposition to sex with condoms, with barebacking described as being “natural”, “real” or “proper” and condoms described as “unnatural” or “artificial”. As discussed earlier in this chapter, men in relationships also considered barebacking part of the natural progression of a relationship. In addition, many participants discussed the naturalness of barebacking in relation to heterosexual sex.

5.2.7.1 BAREBACK SEX FELT MORE NATURAL

Participants considered bareback sex to feel more natural, while sex with a condom was constructed as artificial and unnatural. The lack of a physical barrier made bareback sex feel more natural, and it allowed for different types of lubricant to be used, including saliva (also natural too) which made sex feel different:

'...the benefits of not using condoms is-is-is more, it feels more natural. Erm we can use different types of lubrication that has different feelings and erm and I don't feel like there's a barrier between us erm, so... Yeah, that's probably my things of not-not-not using condoms.'

(Robert, 31: bottom narrative)

While superficially it may be assumed that the “feeling” that Robert is discussing is physical, there is an emotional dimension to his excerpt as well. Another example of where this emotional dimension can be seen is in the following short, but illuminating, extract from William who had just left his wife to pursue a relationship with a man whom he was in love with:

Uhmm and just... cause it's... it was... we just wanted to feel closer I suppose and just... and really feel each other properly.'

(William, 33: top narrative)

This excerpt may be interpreted superficially to relate to physical sensations; however, the statement “...and really feel each other properly” is loaded with meaning, suggesting a psychological dimension as well. In one respect, it seems to represent a metaphor: it is natural at this stage in a relationship to want to be close and to feel all of a partner, and William and his partner do not want anything physically or figuratively to come between them and the love they feel for each other, including a condom. In this view, not only is the condom a barrier to their pleasure but also a barrier to emotional connection with a partner. Condoms were seen as artificial, and using them was to put something artificial between something they considered to be real, their love for each other. Furthermore, Williams's comments suggest that it is impossible to truly ‘feel’ somebody with a condom. In part, this could be because the two partners are full of emotions and can't fully communicate to each other how they feel. The condom therefore not only constricts William's penis but is also stifling the couple's ability to communicate and feel each other.

When an individual has penetrated/been penetrated by their partner, they can feel their penis stretching them internally or can feel the tightness of their arse constricting around their penis. But it is impossible to actually feel somebody with a condom on, their warmth, their skin. An individual is unable to feel them inside, so emotionally they may feel that they can't feel them as they desire. In addition, given

that participants talked about bareback sex being warm, this suggests that sex with a condom feels cold. And if someone is thought of as cold, they are thought of as being without emotion, which is problematic if an individual is attempting to connect with the person that they love.

Participants wanted to feel “all” of their partner. They may have all of them emotionally, and they may be able to touch all of them on the outside physically, but the only way they can touch each other *inside* both physically and figuratively is through bareback sex. Emotionally, bareback sex allows for a man to touch somewhere hitherto unseen, and a place untouched by most others. It allows connection with something deep inside their partner that cannot be reached with a condom. Without that physical connection in parallel with the emotional connection, they could fear discovering a deeply hidden secret which without that connection may remain unknown.

The uniqueness of the proximity that bareback sex enables sets the sex, the relationship and the person apart from others. This was an important factor for those participants who were in a committed long-term relationship in which they enjoyed bareback sex, but who were having sex with others either together or separately. There was an expectation for most participants who engaged in external sexual relationships that these sexual encounters would involve condom use. This agreement compounded the uniqueness of the relationship, when compared to the arrangements for casual partners:

At this point I would like to return to Luc and his experience of bareback sex with his ex-partner who acquired HIV during the relationship:

‘I mean, it was so... I mean... it would have been... unnatural... to put a condom at that time. Ah, ah again... that is not a terribly clever answer but for us, it would be absolutely unnatural... yeah... because it was natural for us to become one again. [] It was love, tenderness and uhmm... it was natural. I mean, we’re together, we love each other... The rest of the world and uhmm, and what happened... was not important any longer. I tried to resist the bit because I was thinking, you know the HIV... but I love him, I loved him, I still love him... and uhmm, he wanted to, so we did... OK...and I was extremely happy about that.’

(Luc, 44: bottom narrative)

Perhaps what can be seen in the excerpt from Luc is that he and his partner are trying to connect with something deep inside each other that cannot be reached while wearing a condom. A barrier between partners suggests distance and this distance could be a physical distance or an emotional one. People in love do not want to be distanced or have a distance from their partner. Luc's narrative is about becoming one, and the use of condoms reinforces the separateness of each individual because the penis is packaged to be separate from the anus. For Luc, this separation, along with the idea of using a condom, is completely unnatural. Without the condom, it is difficult to ascertain when one person ends and the other person begins in the sharing of physical sensations. Luc therefore is able to tune out the rest of the world and make it inconsequential and irrelevant. In this act of bareback penetration, even considering past transgressions (such as those that Luc experienced), all worries fade away into the ether for a short while.

5.2.7.2 COMPARISONS WITH HETEROSEXUAL SEX

Perhaps because of the association of semen with procreation, and the fact that it contains the partner's DNA, some participants talked about barebacking and ejaculation in relation to heterosexual sex. Comparisons were drawn by participants to heterosexual sex, with barebacking correlated with pregnancy and reproduction. Furthermore, parallels were made between straight women and passive men in terms of what barebacking and ejaculation mean on an emotional level. Participants questioned why anyone should think differently about gay men in comparison with heterosexual men and women and argued that men should not be judged differently:

'I'm sure a straight man gets huge amount of pleasure... from cumming inside a woman and a woman does as well.... It's a very...from what I, from what I, from what I read and what I can understand about, the way women's minds work, that level of intimacy means a lot to them and I don't really see why men should be...should...any one should think that men think differently or especially a passive man would think differently. He's experiencing...it must be the case that a passive man experiences... many of the same sensations that a stra... woman would feel. So I don't really see why we should be judged that differently on an, on an emotional level. It means...it must mean the same thing.'

(Richard, 50: bottom narrative)

Richard suggests that there are shared meanings about the act of inseminating / being inseminated that transcend heterosexuality. Johnson (2010) argues that this binding of

sexuality and gender reinforces heteronormativity. Comparisons to heterosexuals by participants suggest a number of things. Firstly, that sex without condoms is perceived as being heterosexual, while sex with condoms is perceived as gay. That is, most heterosexuals do not use condoms for sex and most gay men do. As many gay men want to be seen as normal, with the sex they have considered natural, parallels drawn with heterosexual sex has the feeling of a protest or justification. It is as if the participants are saying “If they don’t use condoms why should we?”. It is also plausible that by comparing their sexual activity to heterosexual sex, they seek the normalisation and/or the legitimising of gay sex, including barebacking. This desire may be a consequence of years of injustice to gay men when they were told that they were inferior to heterosexuals. Or, it could be a response to feeling oppressed a feeling that is reinforced through the promotion of condoms.

Pregnancy and reproduction are seen as natural processes in the pathway of most heterosexual relationships, and barebacking could be conceived along the same lines for gay men. Participants could be justified in drawing certain parallels; for example, barebacking in a homosexual relationship and heterosexual sex both involve internal ejaculation. It could be argued that pregnancy in general is part of a normal heterosexual relationship and perhaps barebacking within a gay relationship could be construed in the same way.

5.3 SUBTHEME TWO: THE MEANINGS ASCRIBED TO BAREBACKING IN ROMANTIC RELATIONSHIPS

Regardless of how participants arrived at barebacking with their romantic partners, the engagement in bareback sex conveyed several common themes. Engaging in bareback sex with a regular partner was part of a relationship-building process, and was commonly presented as the next step of the natural progression in the relationship, as Robert explains:

‘Erm and so it was just a natural progression that we stopped using condoms [] it was more, ok we have just had sex together we’ve just, you’re-you’re calling me your boyfriend now we are not seeing other people erm, erm we’re-we’re not using condoms. It just, it just seemed like a progression of-of these little teething things it seemed to be working out for us in a relationship.’

(Robert, 31: bottom narrative)

As seen in Robert's excerpt, the decision to bareback was seen as a natural progression in the relationship, and this was a common view across men's narratives. Furthermore, barebacking with a romantic partner was also seen as a natural thing to do. (Naturalness is a theme that is discussed in more detail later in this chapter.) Robert places barebacking alongside other achievements in the developing relationship, such as acknowledging the relationship by calling each other boyfriends and becoming exclusive partners. This change in the nature of the relationship appeared to be significant for participants, as Richard's excerpt highlights:

'this has got to the stage where it was no longer a one-night stand. This was a guy that I was really... completely in love with really... for first time in my life.'

'When I said the relationship changed, I don't mean, you know... [sigh] to look at us or to look at our relationship in any sort of objective way it changed. It changed in my... mind, OK, I guess in- in my heart as well that uhmm... it just took that already fantastic uhmm... situation just cranked it up a notch and made it feel that bit more special uhmm, and that bit more intimate.'

(Richard, 50: bottom narrative)

Engaging in bareback sex changed several things for participants. As seen in both excerpts, it helped define the couple as being in a relationship instead of being involved in just a casual encounter. It also changed the intensity of the relationship, as it was frequently associated with the intensity of being in love. As such, it was used as a marker for the seriousness of the relationship, taking the relationship to a different, higher, level. This information was not necessarily externally disclosed to others, but was more likely held intimately between the two partners, as I suspect few individuals would disclose this very personal information explicitly to friends or families. Barebacking with romantic partners was also associated with increased intimacy and set it apart from other sexual encounters:

'Erm there is an emotional aspect to it um and again you know whether that's justified or not I guess of, of there is a sense of greater closeness um immediately in the sense of greater closeness with the other person but also in the sense of this being something we definitely and certainly don't do with other people.'

(Pete, 29: versatile narrative)

This desire for intimacy within a relationship may appear paradoxical given that most of the participants had also engaged in bareback sex with casual partners. However, I suspect that

this desire may be more a reflection of the intersection of the intensity of their feelings with the feelings of safety derived from exclusivity. This intimacy was more than just allowing bareback sex, however, since feelings of safety within the relationship allowed previously prohibited behaviours with casual partners, such as internal ejaculation:

'someone cumming inside me means they are my boyfriend and I'm in love with them and I completely trust them'

(Peter, 40: top)

Across both top and bottom narratives, internal ejaculation was, for the most part, something that was to be avoided with casual partners. This permission of a behaviour generally prohibited with casual partners reinforced the uniqueness of the relationship. Furthermore, because of the risk associated with internal ejaculation, it became seen in Peter's excerpt as a physical representation of trust between the partners.

This representation of trust could also be seen in other narratives where at the point of barebacking for the first time with a romantic partner there were questions about trust. For example, asking the question "Can I trust you?" is imbued with meaning that appears to transcend that act of barebacking itself. What can be seen in these excerpts is that barebacking becomes a powerful symbol of commitment to the other person, as well as to the relationship. There was a romantic conflation between love and risk, with the risk of HIV becoming a way of showing that an individual is prepared to take a risk for the sake of their partner. Of course, participants wanted to know that their partner was trustworthy in relation to risk, but given barebacking's conflation with love and relationship-building, the question "Can I trust you?" could also be about trusting the relationship. Furthermore, the decision to bareback with a regular partner was often made at a point in the relationship at which there was an intensity of emotions and references to love featured frequently in participant narratives. This marked barebacking with a romantic partner as something special.

5.3.1 THE FIRST BAREBACK SEX: AN EVENT

Given the considerations discussed in the preceding sections, it is unsurprising that for many men, especially those who followed the principles of negotiated safety, the first episode of bareback sex was construed as an "event" as William explains:

'he was working away during the week and it was sort of... in a way it was there, it was a build up all week. It was like, just wait till the weekend, it's gonna be really good and so, it was a build up for the week. Ah, and then it happened in the weekend [] he cooked a lovely meal, um, we've had some champagne uhmm and then ah, I think we put some porn on [] and then we just, we just made a night of it.'

(William, 33: top)

For William, the first time he and his partner had bareback sex was an event. There are several stages in the process that he describes. First, like other participants, William experienced a build-up in the intensity of his emotions. He was in fact still married to his wife when he met his partner and this intensity culminated when he left her to move in with his partner. About six months into the relationship, he and his partner tested for HIV and other STIs and, following their negative results, had planned when they were going to have bareback sex for the first time. This was a particularly significant decision for William as this was the first time that he had ever had bareback sex with another man. In the preceding week, his partner was away on business and so the intensity of the planned event built over the week during their regular telephone conversations. The event itself was marked with a champagne dinner, and William reported that the sex was so intense that his partner ejaculated while William was penetrating him, without having touched himself. While William and his partner regularly have sex both together and separately, he was very clear that sex without a condom with anyone else is something that neither of them would ever do.

5.4 CONCLUSION

In this chapter, I have presented the motivations to bareback and the meanings of bareback sex. Using negotiated safety as a framework, the chapter began with a discussion of barebacking in relationships. Coinciding with an intensity of emotion, barebacking and ejaculation was seen as highly significant by participants in relationships. Further, it was this intimacy and naturalness that men in the study associated with barebacking, viewing semen exchange as symbolic and part of a relationship-building process. For a number of participants, this association was framed by negotiated safety, with participants and their partners going for testing before engaging in bareback sex.

Barebacking was seen by participants as psychologically and physiologically pleasurable and condoms were seen as a barrier. Physical pleasure related to the

sensations transmitted skin to skin between partners and was associated with improved sexual functioning. Psychologically, the pleasure that men experienced through bareback sex related to eroticism and the symbolic nature of the giving and receiving of semen. Furthermore, it was associated with breaking the rules, intimacy and naturalness.

In the next chapter, I will draw together the four major themes from the three findings chapters. I will link these themes with both theory and also other research, noting that this is where the boundaries between the motivation and the meanings start to become blurred.

CHAPTER SIX

DISCUSSION

6.1 INTRODUCTION

“...unless we understand the complexity and the interaction of all elements working together we will never truly be able to understand why gay men take sexual risk. To this end, our efforts must be driven by holistic understandings of gay men as human beings, for whom psychological, sociological, and biological elements interact to affect our decision making.”

Michael Shernoff (2006a:xv)

I begin the discussion chapter by returning to the quotation from Shernoff which has guided this study. I have been driven with a purpose to develop a holistic understanding of HIV-negative gay men who bareback, by examining this behaviour through the lens of sexual position. In this final chapter, I discuss the findings of the previous three chapters and consider the unique contribution of this thesis to the current barebacking discourse. Before discussing this study's unique contribution, however, it would be useful to reflect on the significance of the phenomenon. Barebacking is a public health priority because of the potentially negative health consequences, as well as the fact that it is a relatively common practice among MSM in Britain. Of course, many of the men engaging in bareback sex may be doing so (relatively) safely, but the fact that up to 45% of MSM in Britain may have engaged in bareback sex in the last six-months highlights the magnitude of the challenge at hand. The challenge of barebacking, however, doesn't only have to do with the scale of the problem. By attempting “to get as close as possible to the personal experiences of the participants”, as suggested by Smith, Flowers & Larkin (2009:37), it can be seen that what might superficially appear to be a relatively simple and mechanistic decision is in fact a highly complex decision. The present study has shown that unitary explanations do little to fully account for men's barebacking behaviour in a comprehensive way.

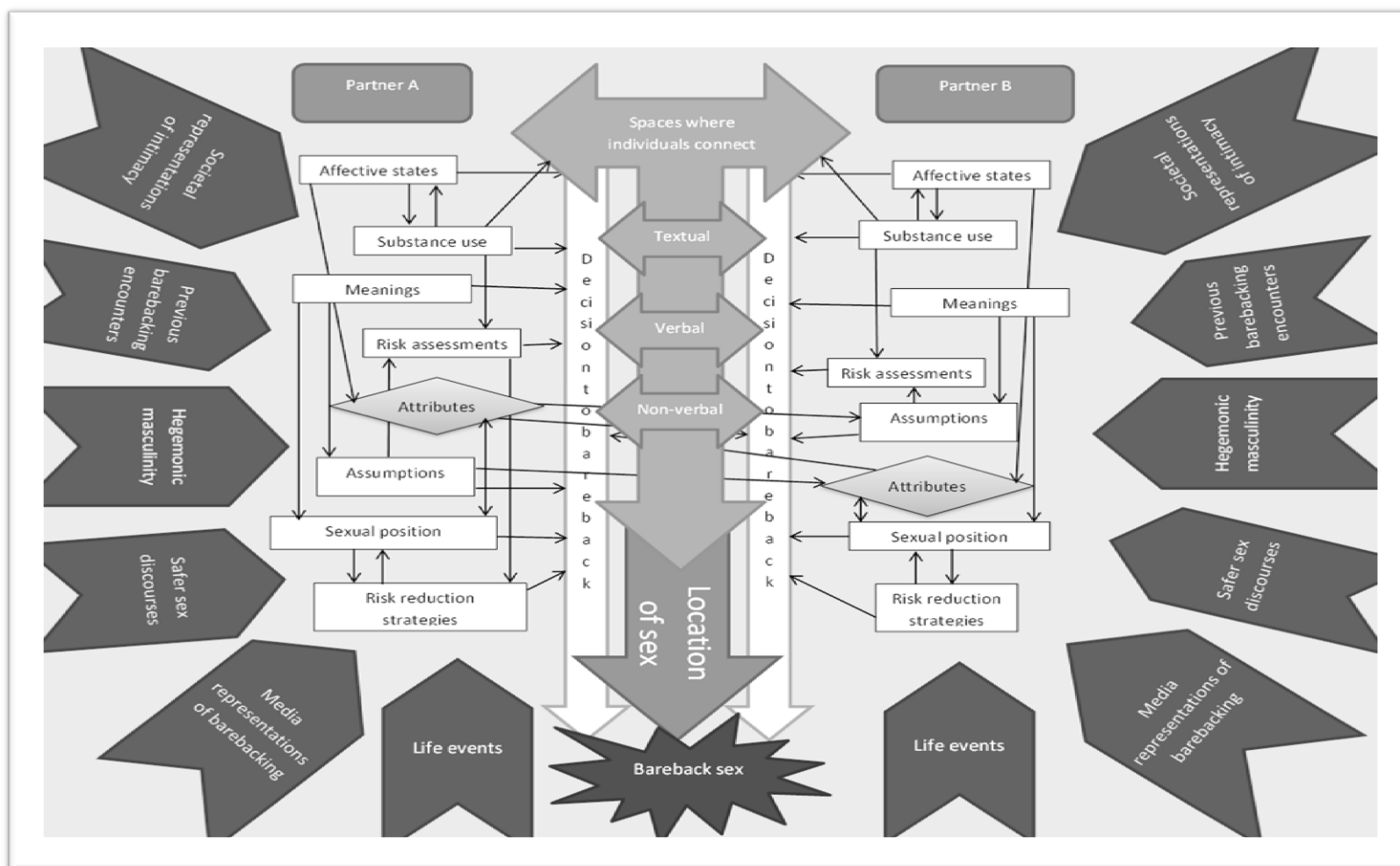
Smith, Flowers & Larking (2009) argue that in order to understand the whole, in this case the phenomenon of barebacking can only be achieved by understanding the individual constituent parts. In the previous three findings chapters, I have presented the individual factors that participants reported in their barebacking narratives and have mapped these to the various stages of the barebacking encounter. In this chapter, I will examine these factors as a collective whole and explore their complexity. I will also examine the interconnectedness of these factors. In keeping with the overall theme of 'understanding', I have also endeavoured to be empathetic to the participants and their experiences, while also being inquisitive and respectful.

This final chapter comprises four sections. In the first, I discuss what taking a holistic approach has contributed to our understanding of HIV-negative MSM who bareback. In the second section, I discuss the insights gained by examining the phenomenon of barebacking through the lens of sexual position. In the third section, I address other considerations that have arisen from the findings. I conclude this chapter, as well as this thesis, by summarising the implications of the present study for practitioners and for future research.

6.2 SECTION ONE: TOWARDS A HOLISTIC UNDERSTANDING OF GAY MEN WHO BAREBACK

The main aim of this thesis was to develop a holistic understanding of HIV-negative gay men who bareback. The use of IPA enabled a deeper understanding of the personally unique perspectives of the participants who have engaged in bareback sex. By examining how participants locate their barebacking encounters, how bareback sex is communicated and negotiated during an encounter, and how men ascribe meaning to bareback sex, I have previously demonstrated that there is a vast array of factors associated with the experience of barebacking. It is only by taking a holistic approach and examining the interconnected factors that one could glimpse the actual lived experience of an HIV-negative man who engages in bareback sex. I have been able to show that barebacking is often the result of a dynamic process comprising differing combinations of factors. Figure 6.1, on the following page, provides a schematic representation of the factors involved and maps the interconnectedness of them.

Figure 6.1 A schematic representation of the factors involved in a barebacking encounter



The two sides of the figure represent the fact that for bareback sex to occur there needs to be (at least) two individuals and each individual brings their own set of factors to the encounter. Sexual partners add an essential dimension to bareback sex as even if all of the other factors align to create a situation in which an individual will desire or be prepared to engage in bareback sex, it is the decision of the prospective partner which is paramount to determining if the bareback sex will occur or not. Not only that but even if both partners desire (or are willing) to engage in bareback sex, the outcome may still not be condomless sex, as the decision to engage in bareback sex still needs to be communicated and negotiated convincingly. This means that unless the bareback sex has been previously negotiated, such as via the internet, the conclusion to the encounter will remain uncertain and may include sex with condoms, no penetration, or the termination of sex or barebacking. Ultimately, then, even if bareback sex is occurring between the same partners, no two encounters will ever be the same.

The large chevrons around the outside in Figure 6.1 signify wider influences, for example, hegemonic masculinity, media representations of barebacking, or safer sex discourse. The white boxes characterise the individual factors in men's barebacking narratives, and the thick black arrows demonstrate interconnections between these factors. For example, there might be an interconnection between negative affective states, such as loneliness and/or poor self-esteem, which in turn was connected to positive partner attributes, thus creating erotic capital. In addition, affective states were also connected to substance use; however, as discussed in Chapter Three, substance use was a complicated issue in relation to bareback sex. Finally, it is important to note that although the arrows demonstrate interconnections, they are not meant in any way to suggest a process.

The larger arrows in the middle of Figure 6.1 symbolise how partners connect with each other and how they communicate with each other, which leads to the location where the bareback sex occurs. The manner in which participants connected with partners appears to have influenced the negotiation of bareback sex; for example, the negotiation of bareback sex for those who met their partners in sex venues was typically reduced to nonverbal means of communication, such as gesturing, manoeuvring or positioning. Technologies were used to not only meet but also filter partners; this then began the assessment process according to which individuals made their decision to bareback (or not). As such, this filtering of partners - for example, through the decoding of internet

profiles - was one of the modes of overcoming cognitive dissonance, as partners who were perceived to be 'risky' were excluded, thus highlighting that the decision to bareback is often part of an ongoing process. While the terms 'communication' and 'negotiation' are often used in the literature, these do not fully capture the essence of the interpersonal processes that occur between the participant and their sexual partner. Contrary to claims made in the literature, in particular that body of literature which ascribes intentionality in relation to barebacking, the decision to bareback would begin prior to the encounter, could be influenced by how individuals connect with partners, and would be affected by interpersonal interactions. As such, the actual decision to bareback may not be made until the point of penetration, which challenges the oft held notion that the negotiation of bareback sex is mechanistic.

Either side of the larger arrows through the middle of the Figure 6.1 are two thinner white arrows that run from the top of the figure to the bottom. These arrows represent the decision to bareback, which can occur at any time ranging from before a partner is selected right up until the point of penetration. This decision is informed by both the interaction between the partner and the individual, as well as by the range of factors indicated by the thin black arrows. One of the significant influences on the ultimate decision was the strategies employed to make the barebacking encounter safer. This use of strategies would suggest that individuals who bareback are not necessarily resisting HIV-prevention, even those who find barebacking transgressive, as has been proposed by some authors (Carballo-Diequez, 2001; Crossley 2002; Ridge 2004; Halkitis 2008; Meyer & Champion 2008; Adams & Neville 2009).

This active avoidance of HIV whilst pursuing bareback sex, although not based on consistent condom use, obviously pushes the boundaries of what may be considered safer sex. As participants attempted to avoid HIV acquisition, their engagement in condomless anal sex is perhaps not as suggested by Goodroad, Kirksey & Butensky (2000) an HIV prevention failure but rather an evolution of safer sex. Although men in this study articulated that there was invariably agreement regarding the decision to bareback, which suggests that they were operating within a neoliberal framework of accountability and consent (Adam 2005), there were also instances in which the person who initiated the bareback sex was unclear. There were also examples in the men's narratives of unwanted barebacking experiences, such as the encounter recalled by James whose casual sexual partner removed the condom during anal sex without his knowledge. Another example

would be those barebacking encounters that resulted in distress, such as that experienced by James-Lee who was having sex with casual barebacking partners without his romantic partner's knowledge. Yet, on the whole and contrary to the literature (Davis 2002; Shildo, Yi & Dalit 2005), participants did conceptualise themselves as a damaged or pathological 'other', requiring treatment.

Given some of the representations of barebacking and barebackers as delinquent and deviant in the academic literature, as discussed in Chapter One (Carballo-Diequez, 2001; Adam, Sears & Schellenberg 2008), it is perhaps surprising that participants in this study found bareback sex an almost universally positive experience. It was such a powerfully positive experience, in fact, that individuals desired it and engaged in it even in situations that placed them at potential or actual risk of acquiring HIV. The power of barebacking resides in two important factors. First, the experience of barebacking for participants was intimately and inextricably bound with pleasure, a finding which is consistent with the literature (Blechner, 2001; Carballo-Diequez et al 2004a; Carballo-Diequez et al 2011). This strong association of bareback sex with pleasure may play a significant role in motivating individuals to have condomless anal sex (Randolph et al 2007). Second, bareback sex was a profoundly meaningful endeavour. Regardless of the context in which it occurred, the partner selected, how it was negotiated, the choreography of the sexual encounter, or the sexual position adopted, barebacking was a hugely symbolic act. In addition, there were further benefits to barebacking, such as fostering emotional connectedness with a partner, which is consistent with claims made in the literature, including those made by Halkitis, Parsons & Wilton (2003).

There are also cultural dimensions to barebacking which cannot be ignored. As Mark's narrative indicates, the nature of sexual interaction, including bareback sex between MSM, differs from country to country and from city to city, particularly with regard to the cultural norms and expectations surrounding the encounter. I would argue that the diverse nature of this sexual interaction transcends geographical locations, and is also attested in the different cultures associated with subsections of the gay and MSM populations within a location. For example, the 'codes of expected behaviour' within one subculture, such as the 'leather scene', will be different from the expectations and norms of the trendy young scene of London's Soho. These variations will be based on established norms, age, and socialisation with a subculture, HIV-status and ethnic backgrounds of the members of each group. When men from these different populations mix, there is an

interaction between distinctly different cultures, expectations, assumptions and norms (Adam et al 2008), which may result in miscommunication.

6.3 SECTION TWO: SEXUAL POSITION AND BAREBACK SEX

The second aim of this study was to explore whether there was a relationship between sexual position and bareback sex. As observed over the three findings chapters, there were instances in which there was little difference between the experiences of tops and bottoms, while there were other instances in which differences according to sexual position could be seen. Although sexual position is a component of each super-ordinal theme, there were two main themes in which sexual position was referenced in men's narratives. The first was in discussions of the act of bareback sex, and the second was with relation to the meanings that men ascribed to bareback sex.

6.3.1 CONTEXTUAL FACTORS, SEXUAL POSITION AND BAREBACK SEX

The first super-ordinal theme presented data related to the contextual factors that were referenced in the narratives of participants. Overall, there was little difference in how participants located their barebacking encounters according to sexual position, and there were examples from both tops and bottoms in each of the four subthemes. This is perhaps unsurprising as regardless of the sexual position adopted individuals will need to connect with partners, will take substances, find attributes in their partner attractive and be affected by their partner's mood. Where differences between the sexual positions did occur, these tended to be subtle. For example, there were no differences according to sexual position for cases in which sexual arousal was mentioned as a precursor to specific barebacking encounters. Also, in both top and bottom narratives participants experienced low moods prior to an encounter, especially as the result of relationship issues, and bareback sex was used instrumentally in both cases to ameliorate these negative emotions. This finding is consistent with the literature where stressful life events such as relationship issues have been associated with both substance use and condomless anal sex with casual partners, particularly among HIV-negative MSM (Calzavara et al 2012). It is further suggested that affective states may predispose an individual to risky situations, and once an individual finds himself within such a situation more immediate factors such as substance use then influences barebacking (Perdue et al 2003).

Loneliness, such as that associated with being single or being older, was, however, one negative affective state that was found to be specific to sexual position as it only

featured in bottom narratives. As noted in the literature, older gay men may be particularly vulnerable to social isolation and loneliness (Jacobs & Kane 2012), a finding that is pertinent given the age of some of the participants in the present study. The findings from this study were consistent with other studies, namely that loneliness was associated with substance use and condomless sex with casual partners (Martin & Knox 1997a and 1997b; Torres & Gore-Felton 2007; Munoz-Laboy, Hirsch & Quispe-Lazaro 2009). Other studies have also found that urban gay men, such as the participants in this study, score higher in loneliness scales than men from other populations, and that loneliness is associated with lower numbers of partners, but higher risk-taking (Martin & Knox 1997a and 1997b; Munoz-Laboy, Hirsch & Quispe-Lazaro 2009). It was unclear from men's narratives, however, why loneliness should only be a feature in bottom narratives.

Participants used a range of spaces to connect with barebacking partners. Tops and bottoms both used technological spaces to connect with barebacking partners, as well as sexualised spaces, such as saunas, sex clubs, sex parties and cruising grounds, and non-sexualised spaces. No differences were observed according to sexual position which may have to do with the fact that the need to meet partners is the same for tops and bottoms, and that for many men the decision as to which position that they are going to adopt during an encounter may not be made until after a partner has been selected. The spaces used by individuals have their own codes of expected and appropriate behaviours, which can, however, contribute or hinder an individual's ability to negotiate sex.

Having selected a partner, the partner's attributes could influence the participant's decision to bareback (or not). Consistent with the literature (Bianchi et al 2010), it was found that regardless of sexual position participants were attracted to men who displayed masculine characteristics. These included both physical traits such as being "built" or "muscular" as well as behavioural traits such as "sexual dominance". Both tops and bottoms would engage in bareback sex with partners that they considered attractive, with this attractiveness often judged as relational to how participants perceived themselves.

There were three subtle ways in which bottom narratives differed from tops with regard to the issue of attractiveness. To begin with, there was a sense of abandonment that was associated with the attractiveness of a partner in bottom narratives. Specifically, not only would men who adopted the bottom position engage in bareback sex with partners that were considered attractive, but they would allow their partner to do "anything" to them. This relinquishing of oneself for the partner's pleasure, has the potential to increase

sexual risk through engaging in bareback sex for longer periods, allowing internal ejaculation, or through engagement in sexual practices, such as the use of sex toys, that could increase the likelihood of HIV transmission.

The second way in which bottom narratives differed from top narratives was that several bottoms stated that they would base their decision to bareback on the attractiveness of their partner's penis. Bapst (2001) noted that for men who used glory holes, and who gave oral sex through the glory hole, a larger and more responsive penis was a desirable quality for a partner to possess. While a study of heterosexual women in Australia found that the size (width and length) of the flaccid penis alongside the shoulder to-hip ratio and height had a significant influence on male attractiveness, with larger men with larger penises being considered more attractive (Mautz et al 2013). Participants in the present study, however, would have bareback sex with men with visually attractive but not necessarily larger penises. In relation to bareback sex specifically, this is a novel finding that some men base their decision to bareback on the aesthetics of their partner's penis.

The final aspect of partner attributes where a difference could be seen between top and bottom narratives related to the nature of the relationship between the participant and their barebacking partner. There were many more examples in top narratives of participants engaging in bareback sex with casual partners than in bottom narratives. Furthermore, bottoms were more likely to reference familiarity and trust in relation to their barebacking experiences. This perhaps reflects the fact that HIV-negative men who have bareback sex as a bottom are at greater risk of HIV acquisition during condomless sex than those who do so as a top. Men who bareback as a bottom therefore may restrict their barebacking partners to those they have developed a sense of familiarity with, as they perhaps feel that they are better able to trust them.

Substance use was common in both top and bottoms narratives, with most participants having used drugs or alcohol. Substances were used in different ways by participants, with some claiming that the substances did influence their engagement, while others claimed that it did not. There were examples of tops and bottoms using drugs for sex (chem-sex), as well as numerous examples of encounters in which alcohol was involved. The only difference between top and bottom narratives that related to substance use was that in two bottom narratives men (Andrew and Richard) reported being rendered incapable due to substance use. Richard, who was drunk, did not feel completely in control of the sexual encounter with a casual partner, while Andrew had "passed out" because of

recreational drug use at a sex party, where he related that a “certain amount of sexual activity occurred” (namely, condomless anal sex). Even though neither partner felt fully in control of the sexual encounter, neither of them classed the sex as a sexual assault. Given that substance use is common among MSM, especially for sex, and that much of the negotiation of bareback sex is nonverbal, the issue of sexual consent and substance use is a particularly salient one.

6.3.2 SEXUAL POSITION AND THE ACT OF BAREBACK SEX

The second super-ordinal theme was concerned with the act of bareback sex, where it occurred, how it was negotiated and how participants address the cognitive dissonance that engaging in bareback sex caused them. Similar to the findings reported for the subtheme of how participants connected with barebacking partners, there were no differences observed between the sexual positions in relation to the location where the bareback sex occurred. Regardless of sexual position, the location where the bareback sex occurred could contribute to a participant’s agency as well as his feelings of safety or risk. There were, however, two subthemes in the second super-ordinal theme for which sexual position could be seen in relation to bareback sex: the negotiation of bareback sex and the issue of how participants overcame cognitive dissonance to enable bareback sex to occur.

6.3.2.1 THE NEGOTIATION OF BAREBACK SEX AND SEXUAL POSITION

Some participants verbally negotiated bareback sex with their sexual partner prior to engaging in it, although this was more common among men in romantic relationships as part of negotiated safety. I discuss the issue of negotiated safety in more detail later in the chapter; however, it is noteworthy to mention now that there were risk issues in most narratives as the principles of negotiated safety were not adhered to, placing participants and their partners at risk of transmitting or acquiring HIV.

There were no differences according to sexual position in relation to the verbal negotiation of bareback sex. With those participants having bareback sex with casual partners, few had verbal discussions. Discussing HIV statuses, previous risks and bareback sex was considered by some participants as offensive and was therefore avoided, or the discussion was brief or indirect. Even though there was little in terms of verbal negotiation during a barebacking encounter, this does not mean that interpersonal communication was absent. Participants engaged in nonverbal negotiation of bareback sex, which followed a sequential process of stages and could be seen in top and bottom narratives. These stages

comprise what could be considered to be a barebacking sexual script that allowed for both the communication and negotiation of bareback sex between tops and bottoms, without the need for explicit verbal communication.

6.3.2.2 SEXUAL SCRIPT THEORY

Sexual script theory (SST) is a conceptual framework (Kimmel 2007) that originates from the work of Gagnon & Simon (1973). The framework allows for the exploration of social construction of sexuality between analytical inter-related levels: intrapsychic experience, interpersonal relationships and the intersubjective cultural surround (Simon & Gagnon 2003; Whittier & Melendez 2004; Plante 2007; Kimmel 2007). An individual's interpretation and performance within an encounter are brought into alignment with the desired expectations of their sexual partner through interpersonal sexual scripts that result in predictable patterns of sexual behaviour (Simon & Gagnon 1984). Sexual encounters are said to be scripted if the parties involved use references to predictable stages and make references to common knowledge (Firth & Kitzinger, 2001). As clearly demonstrated in super-ordinal theme two, despite the fact that they were talking about different sexual experiences with different sexual partners, participants made reference to predictable stages and common knowledge of the meanings associated with nonverbal substitutes for communication. The participants spoke about the process of bareback sex as if it were scripted, providing both actual and hypothetical examples of the sequence involved in the initiation of the act.

6.3.2.3 THE BAREBACKING SEXUAL SCRIPT

There were several predictable stages to the barebacking sexual script in which the interplay between the top and the bottom could clearly be observed. Although this stage was not necessarily present in every encounter, for many participants the beginning of the sequence involved the construction of safety through the placing out of condoms, which as discussed in Chapter 4 does not necessarily reflect that they intend these to be used. During the second stage of foreplay, there is ano-penile contact without a condom; this begins the process of communicating the desire to bareback, and also the process of negotiation of bareback sex. This stage may be accompanied by indirect verbal communication such as "Are you OK?" The next stage of the process is of 'testing and teasing', with the shallow dipping of the penis into the anus without the condom, which again may also be accompanied by indirect verbal communication. This stage continues the process of negotiation by gauging a partner's willingness to bareback. Finally, if no

resistance is offered, this was taken as assent and full intercourse commenced. These stages served not only to communicate a desire to bareback but also served as a means of negotiating the act itself. The meanings ascribed to each stage of the sequence therefore transcended the sexual encounter and the specific interpersonal relationship, as evidenced by the fact that these stages appeared in different narratives offered by different participants with different partners.

As social (sexual) actors, individuals learn about sexuality from culturally available messages and through social and sexual interaction (Blumer, 1969; Gagnon & Simon, 1973; Simon & Gagnon 1984). Within Western culture specifically, prevailing hetero-normative meanings relating to penetration and insemination provide a platform that helps define and construct the interpersonal dynamic of sex, and that contributes to gay men's desires (Fejes 2002). Individuals draw from and adapt dominant cultural norms into interpersonal sexual scripts that govern the 'expected' behaviour for individuals occupying particular sexual roles; these cultural norms also define relational standards as to how others should act towards people occupying those roles (Blumer, 1969; Gagnon & Simon, 1973; Simon & Gagnon 1984; Jones 2006 ; Moskowitz, Rieger & Roloff 2008). These expectations are reinforced through sanctions, such as rewards and punishments, during the social interaction (Connell 1987). Sexual scripts, however, are rarely adopted blindly by individuals, as scripting is an active process of continual evolution and adaptation (Whittier & Melendez 2004). This observation was confirmed in the present study as there were differing ways in which the participants interpreted and enacted the stages of the script. For example, while it was common for bareback sex to be initiated by the top, there were examples of it being initiated by the bottom; nevertheless, the stages remained the same as the gradual initiation of bareback sex allowed for negotiation to occur and assent to be gained.

Participants were not asked specifically about a barebacking script, but they cited the different stages involved and discussed their experiences as if they were scripted. The barebacking script normalises barebacking and suggests that as a practice it is commonplace among casual partners. In addition, the articulation of this process of negotiation/scripting helped address the potentially negative perceptions of participants, who instead could be considered moral actors in a scripted process in which the bareback sex is consensual. Ridge (2004) also found that within his cohort of younger gay men in Melbourne, Australia bareback sex was communicated nonverbally between casual

partners through directing, positioning and manoeuvring, which conveyed a shared understanding that bareback sex was desired and acceptable. This is similar to the findings of Adam et al (2008), who discovered through interviews of 34 MSM, most of whom had engaged in bareback sex, that there were situational rules within sexual interactions, and that there is an unspoken dialogue of gestures during condomless sex.

Much in the same way that sexual scripts can affect heterosexual sex, for example, making it difficult for women to refuse unwanted sex (Frith & Kitzinger, 2001), there are several intersecting factors which have the potential to disadvantage and make it difficult for bottoms to request condom use in barebacking situations. This does not mean, however, that men who have sex as a bottom have no agency within a sexual encounter, or that there were not examples of bottoms initiating bareback sex. However, their intrapsychic experience can create tensions that make it difficult for many to request use of a condom. Hoppe (2011), for example, asserts that the intrapsychic pleasure for many bottoms is derived through submitting to their partner, or from a desire to please their partner, or as seen in many bottom narratives from a desire for connection with a partner. In these cases, when the bottom finds himself in a situation where the top is communicating his desire to bareback through the placing of the penis against their anus, this creates cognitive dissonance and what Hoppe (2011) calls a risk/pleasure dilemma.

These dilemmas are obviously not specific to HIV-negative men who adopt the bottom position during sex; as demonstrated in Chapter Four, tops also experienced cognitive dissonance. There are, however, gendered constructions of risk, with risk-taking being associated with idealised notions of masculinity (Junge 2002; Race 2009). Yet the actual risk posed is dependent on sexual position and is vastly different due to the biological risk differentials, with bottoms being at much greater risk than tops. Even if the bottom is inclined to be risky, desires bareback sex, or desires to please or give themselves to a casual or discordant partner, they will nevertheless be aware of the greater risk that engaging in bareback sex potentially places them at. Conversely, as demonstrated in the second findings chapter, men are more willing to engage in bareback sex as a top as they consider it to be less risky than having bareback sex as a bottom. This resulted in several examples in which bottoms stated that the “top tried it on” (Pete), that they were penetrated before they knew what was happening (Pavel, Richard), or as seen in Peter’s narrative of the top being more persistent in his advances and creating a “Mexican Stand-Off”.

These examples highlight that bottoms were invariably constructed in both top and bottom narratives as the gatekeeper to bareback sex. While persistence made it difficult for some men who adopted the bottom position to resist the barebacking advances of the top, this was not the only way in which the decision to bareback was negotiated. For example, in Andrew's narrative, he abdicated the responsibility of the decision to bareback completely to the bottom by allowing his partner to take the lead sexually.

By piecing together the details from different participant experiences, the present findings reveal a consensus of shared knowledge among HIV-negative men who bareback. This knowledge pertains to both the stages and the meanings of the stages involved in the bareback script, and are the same whether the bareback sex is initiated by the top or the bottom, although the bareback script often places the final decision to bareback with the bottom. Furthermore, the hypothetical examples given by participants provide a framework for the typical barebacking experience, for example as seen in the narratives given by James-Lee and Peter. This suggests that the barebacking script is more widely generalisable.

6.3.3 OVERCOMING COGNITIVE DISSONANCE AND SEXUAL POSITION

In order to engage in bareback sex, participants generally needed to overcome the cognitive dissonance of desiring bareback sex whilst at the same time wanting to avoid the acquisition of HIV. To enable bareback sex to occur, and based on sophisticated HIV knowledge, participants operationalised a range of strategies that they believed would make their bareback sex safer. Some of the strategies were shared across top and bottom narratives, while others were specific to sexual position. The most common strategy across sexual position was to select sero-concordant partners, either through negotiated safety for men in romantic relationships, or through screening partners out (at a population or individual level) by avoiding those perceived to be "unhealthy". This decision was based on an assessment of the prospective partner, which often took into account their physical characteristics and assumptions. In their qualitative study of 146 "alcohol abusing" HIV-positive MSM, Parson et al (2006) found that individuals assumed sero-concordance based on a range of factors. These factors included their partner's physical characteristics, such as if they looked healthy, or their sexual behaviour (e.g. condom use), with sero-sorting achieved on this basis. There were two shared strategies relating to anti-HIV treatment. If participants engaged in bareback sex with a discordant partner who was on ART, they would cite their knowledge of his undetectable viral load. In addition, participants would

access PEPSE following an encounter if they felt that the encounter was risky, but as this decision was based on their subjective assessment of the situation, some chose not to do so if they did not consider the encounter to be risky enough. Sexual position specific strategies for men who adopt the bottom position were limited to the avoidance of internal ejaculation, while men who adopted the top position during bareback sex cited several specific strategies that they considered made their bareback sex safer. These included the fact that they were the insertive partner, that they were circumcised and the practice of washing and urinating after sex.

6.4 MEANING, BAREBACK SEX AND SEXUAL POSITION

Although some meanings were shared across top and bottom narratives, differences could be seen in the meanings that men ascribed to barebacking according to the specific sexual position they adopted during bareback sex. Pleasure was a central component to a participant's barebacking narratives and could be physical and/or psychological. Both tops and bottoms found barebacking erotic, natural, intimate and transgressive. Only one participant (Mark) in a bottom narrative raised the issue of abjection. While some men who had adopted the bottom position during a barebacking encounter discussed the physical pleasure of engaging in bareback sex, many felt that having anal sex as a bottom was the same regardless of whether a condom was used or not. This would suggest that for men who adopt the bottom sexual position, the pleasure from bareback sex is more psychological. In contrast, men who adopted the top position reported issues related to condom use and noted that without condoms they had improved sexual functioning.

Regardless of the participant's self-identified sexual role (i.e. top or bottom), most had engaged in bareback sex in both sexual positions. When the participants discussed their experiences and meanings of engaging in bareback sex in a particular position, there were commonalities noted across the participants, regardless of their self-identified sexual role. For example, in top narratives meanings relating to internal ejaculation were associated with hyper-masculinised scripts of aggression, dominance, ownership and masculinity. In contrast to the claim made in the literature that men who receive semen can reinforce masculinity (Ridge 2004), participants who adopted the role of bottom described how internal ejaculation was associated with the notion of "being claimed" and the romanticisation of receiving their partner's semen.

The displacement of power from the bottom to the top was often eroticised by participants, and, as the literature suggests (Guss 2007, Ho & Tsang 2000; Carballo-Diequez 2004; Underwood 2003), parallels were often drawn from dominant cultural norms contrasting the masculine-dominant top and feminine-passive bottom. Also similar to the heteronormative constructions of heterosexual dominance versus passivity (Higgins & Hirsch 2007), there is potentially greater sexual freedom for men who top due to the risk differentials. This difference in risk status may lead to the top's abandonment of condoms, privileging their pleasure over that of the safety of the bottom.

It is argued that men and women "inhabit different social locations and learn different scripts" (Firth & Kitzinger, 2001: 214) and that these scripts relate to expected and appropriate behaviours (Connell 1987), including ways of penetrating and being penetrated. For MSM, these cultural norms also serve to guide expectations of appropriate behaviour for both the individual and their sexual partner during a social interaction (Connell 1987), in this case, a situation in which individuals penetrate/are penetrated. However, I would argue that rather than an individual or sexual position necessarily being masculine or feminine, these binary concepts are used by MSM to codify and explain behaviour. These meanings both inform an individual's understandings of and give meaning to a particular sexual position, while sexual scripts locate individuals and those occupying counter-positions (i.e. their sexual partners) within a sexual encounter (Connell 1987).

The meanings that men ascribe to bareback sex and sexual position are significant. They are learnt through social interaction and inform individuals how to act towards a particular object (Blumer, 1969), which in the present study refers to a partner in a bareback sexual encounter. They also inform how partners relate to each other as tops and bottoms. These meanings are shared between sexual partners (Simon & Gagnon 1984) and are informed by a variety of sources that can be of a non-sexual nature, for example, through media representations of intimacy (Pringle 1993); alternatively they can be of a sexual nature, such as impressions obtained from sexual partners or pornography. Pornography in particular helps construct sexual identities and defines desire for gay men (Feje 2002). By harnessing social ideals associated with a particular meaning, individuals transform this meaning through interpretation and intrapsychic scripting into their own sexual desire, and this intrapsychic scripting or fantasy also serves as an internal rehearsal (Blumer, 1969; Simon & Gagnon 1984). This intrapsychic scripting could be seen in many of the narratives where meanings were transformed into fantasy and these fantasies were

then acted out, both in terms of sexual position and in relation to bareback sex. Hetero-normative conceptions relating to penetration and insemination permeated the participant's narratives. Given its alignment with reproduction, barebacking and especially insemination (Graydon 2007) was central to many participants sexual pleasure, regardless of sexual position, and the comparisons to heterosexual sex also reinforced the sexual binaries between tops and bottoms.

For participants in romantic relationships, engaging in bareback sex, especially for the first time, was imbued with meaning. Barebacking was part of a relationship-building process and was an expression of love, trust and intimacy. This finding is supported by the work of Flowers et al (1997), who studied 20 gay men in Yorkshire in the era of the AIDS crisis and found that barebacking in a romantic relationship was a symbolic expression of commitment, trust and love. The findings of the present study are also consistent with those reported by Worth, Reid & McMillan (2002), who conducted a qualitative study of 20 gay men in relationships in New Zealand and concluded that men in relationships generally dispensed with condoms based on the principles of negotiated safety and required monogamy, and that barebacking in this context was considered a marker of relationship stability.

6.5 SECTION THREE: OTHER CONSIDERATIONS

6.5.1 CONSIDERATIONS ABOUT OLDER GAY MEN

The findings from the present study highlight several age-related issues pertaining to barebacking and older gay men, as most of the participants in this study were aged mid-thirties to their mid-fifties. With the exception of one participant (William), men in this study had all engaged in bareback sex on more than one occasion that placed them at risk of acquiring HIV. While younger people remain most at risk of STIs (PHE 2012) and may be more likely to engage in risk behaviours (Crepaz et al 2000), there appear to be increases in risk behaviour among older MSM (i.e. those over 30) (Osmond et al 2007). This observation was supported by a press release from the HPA in 2008 which highlighted the issue of sexual health in older people (defined as 45-years and older). It suggested that there were increases in STIs in this age group, which indicated that risk behaviours were not confined to the young. And in relation to HIV, more than half of the older adults diagnosed with HIV in the UK between 2000 and 2007 were over 50-years old, with late diagnosis common (Smith et al 2010). In addition, Smith et al (2010) noted that there was an intersection

between loneliness and social isolation, particularly in the context of being single, which appeared to be compounded by age. These claims are consistent with the findings from other research such as Martin & Knox's (1997a & 1997b) quantitative study of 455 gay and bisexual men which revealed that self-esteem instability may motivate some gay men to engage in condomless sex. Low self-esteem related to age made some men more likely to take risks, especially with a partner perceived to have greater erotic capital. There were also issues of life-death orientation in which HIV was considered to be another health issue along with other medical conditions that can impact or limit life, such as stroke, cardiac problems or cancer. This consideration was used to overcome the cognitive dissonance associated with engaging in risky sexual behaviours.

The use of alcohol and recreational drugs is common among MSM (McKirnan & Peterson 1989; Colfax et al 2001; Colfax et al 2004; Mackesy-Amitis, Fendrich & Johnson 2008). Substance use was also common among this older group of participants and was a feature in many of their barebacking encounters. The use of drugs and alcohol often intersected with barebacking and loneliness. This reflects the findings of other studies (Heath, Lanoye & Maisto 2012) in which it has been found that not only are older gay men engaging in risk behaviours but they are also using substances, and there appears to be an intersection between the two.

There are also biological considerations that are perhaps more pertinent to older men, such as sexual functioning issues which resulted in participants dispensing with condoms or adopting the bottom position. In addition, HIV impacts on the older adult in different ways than it does on younger people; for example, older MSM tend to be diagnosed later, which is associated with poorer health outcomes and death. This would suggest that older MSM may be particularly vulnerable to HIV, in specific age-related ways. The gay scene, with its focus of youth and physical aspects of masculine beauty, compounds the issue. Older MSM, who may perceive their looks to be waning, may feel increased negative perceptions regarding their own attractiveness. Moreover, the 'scene' itself increases social isolation as it alienates those who do not fit the stereotype of male attractiveness. Both factors hamper the possibility of older men meeting and forming relationships, which in turn increases loneliness.

6.5.2 CONNECTING WITH PARTNERS AND NEGOTIATING BAREBACK SEX

As demonstrated in Chapters Three and Four, the manner in which participants connected with partners played a crucial role in how bareback sex was negotiated, what (if any) information was shared between partners, and what attempts were made to mitigate risk, such as HIV testing and the likelihood of internal ejaculation. Men in this study adopted different approaches to the negotiation of bareback sex (Table 6.1, below) and these were dependent on a range of factors, including how they met their partners, the location of sex and partner type.

Table 6.1 The different ways of negotiating bareback sex		
1) Planned and negotiated in advance	2) Negotiated in situ	3) Not negotiated
a) Planned and negotiated with negotiated safety	a) Verbally negotiated	a) Initiated and consensual
a) Planned and negotiated without negotiated safety	b) Nonverbally negotiated	c) Initiated and not consensual
d) Planned and negotiated utilising technology		b) Unclear who initiated bareback sex

1) Planned and negotiated in advance

Many barebacking encounters were planned and negotiated in advance of the sex occurring. There were three different ways in which bareback sex could be planned and negotiated in advance: 1) negotiated safety, 2) planned without negotiated safety, and 3) planned using technology.

1a) Negotiated safety

Some barebacking encounters followed the principles of negotiated safety. In general, these were with romantic partners, but theoretically they could also occur in other types of sexual relationships with a known, on-going sexual partner. Such encounters were planned sometime in advance (up to three months) to allow for the elapse of the HIV window period and for HIV testing to be undertaken to ensure sero-concordance. In this approach to negotiation, there would be discussions about bareback sex, HIV and other STIs, including history and testing, and for some men a negotiated safety agreement about sexual conduct outside the relationship would be included. In these types of negotiation, internal ejaculation is likely.

1b) Planned & negotiated without negotiated safety

In some encounters, bareback sex was planned and negotiated in advance but the principles of negotiated safety were not adhered to. These encounters could be with either a romantic or casual partner. The bareback sex was discussed and could be planned sometime in advance, or closer to the actual encounter. HIV testing was not necessarily a feature; however, discussions might include the topic of HIV status, although a partner's HIV status could be assumed rather than confirmed. This approach to bareback sex could involve concordant, discordant or partners of unknown statuses. Individuals might attempt risk mitigation, for example, through obtaining knowledge of a partner's HIV viral load, through strategic positioning or through withdrawal prior to ejaculation.

1c) Planned and negotiated utilising technology

The final type of planned and negotiated barebacking encounters were those utilising technology, such as internet dating sites or location-based social networking. These were predominantly with casual partners, although they could also occur at the beginning of a new romantic relationship. Such encounters were normally planned and negotiated in closer proximity to the actual act of barebacking, and occurred without specific HIV testing. Communication in relation to HIV status could be explicit or could simply involve assumptions made on the basis of the context of an individual's internet profile. This approach to bareback sex could involve concordant, discordant or partners of unknown status. Discussions might or might not include risk mitigation.

2) Negotiated in situ

The second approach to negotiating bareback sex was to do so in situ or during the sexual encounter rather than in advance. However, one or both partners might have decided prior to the encounter that they intended to have bareback sex. Assumptions about the likelihood of a partner desiring or being willing to engage in bareback sex could have been made prior to the encounter on the basis of the content of an internet profile or on the basis of the location where sex occurs. There were two sub-approaches to negotiating bareback sex in situ: 1) verbally or 2) nonverbally.

2a) Verbally negotiated

In this sub-approach, bareback sex is verbally negotiated during the sexual encounter, although the discussions could be brief or indirect rather than in-depth. The discussion

could be specifically about the bareback sex or could include other details such as HIV status. As noted, the discussion could be with minimal (e.g. “Can I trust you?” or “Are you clean?”) and supplemented with more in-depth post-coital discussion. Such encounters could be with a romantic, known or casual partner. The discussion could occur at any time during the encounter, but was often during foreplay or at the point of penetration.

2b) Nonverbal negotiation

Nonverbal negotiation was common. This type of negotiation could be with a romantic, known or casual partner. It relies on gestures and/or positioning. There are no verbal discussions about the bareback sex, HIV status or risk mitigation, although assumptions might have been made about HIV status based on how a person met their partner or the location of sex.

3) Not negotiated

The final approach is where the bareback sex is not negotiated at all. As in the previous approach, one or both partners may have decided that they intended to engage in bareback sex, but this has not been communicated prior to the encounter. However, unlike the previous approach, there is no negotiation at all in this type of encounter. There are three sub-approaches associated with this category: (1) not negotiated and consensual; (2) not negotiated and not consensual, and (3) it is unclear who initiated the bareback sex.

3a) Initiated and consensual

This type of encounter could occur with all partner types. The encounter would involve no discussion or gesturing, or these cues might be missed by one of the individuals. The bareback sex is initiated, and although not negotiated, is acceptable to the other partner.

3b) Initiated and not consensual

This could be with all partner types, but would be more common with casual partners. The bareback sex is often initiated covertly, for example, through removal of the condom during sex. The bareback sex is not acceptable to the other partner.

3c) Unclear who initiated bareback sex

This could be with all partner types. It is not clear who initiated the bareback sex either because the individual is not sure who initiated the bareback sex or because he is reluctant to state who initiated the bareback sex. This reluctance may be related to the fact that engaging in condomless sex is generally negatively perceived, especially for bottoms.

With the exception of those men who identify as barebackers or those who enter into negotiated safety agreements, the negotiation of bareback sex is somewhat messy. What I offer here is a typology of the negotiation of barebacking that begins to make sense of how men approach the negotiation of bareback sex. There are several important considerations. First, while there will of course be encounters in which the typology applies to both partners, such as those entering into negotiated safety agreements, there will also be encounters during which individuals may be operating in different typologies. As such, these typological categories pertain to the individual rather than to the sexual encounter as a whole. Furthermore, individuals or couples may think they are operating in one typological category, when they are actually operating in different ones. For example, one partner may consider that he has left a clear indication on his internet profile of his HIV status and his willingness to engage in bareback sex and thus assume that he is in category 1c, while his partner may not have made that connection and so the resultant bareback sex is negotiated non-verbally during the sexual encounter, consistent with category 2b.

The different categories have varying levels of risk associated with them. For example, those men operating in category 1a will be at less risk than those in the other categories. Those who negotiate in advance may be less likely to be under the influence of substance use (categories 1a, 1b and possibly 1c), while those who negotiate in situ may be pressured by the interpersonal dynamic, sexual position, drugs and alcohol, sexual arousal, and location norms/ethics. Further, they will often be affected by a lack of information, assumptions or inaccurate HIV status. Negotiation about condoms is less likely when a participant is sexually aroused or intoxicated (Lo et al 2011) as in men sexual arousal may act as an amplifier, narrowing an individual's focus and decreasing concern (Ariely & Loewenstein 2006). For HIV-negative men operating in categories 1b, 1c or 2a who are engaging in known discordant sex, their partner's undetectable viral load often forms part of the negotiation. For HIV-negative men in discordant relationships adopting the top position (strategic positioning) or withdrawal (avoiding internal ejaculation) are also part of risk reduction (Van der Ven et al 2005). In addition, those barebacking encounters negotiated via technology may more easily include frank discussions. Such technology may also be used to communicate different pieces of information such as the desire to bareback or HIV status that may be more difficult to discuss in person as the internet facilitates discussion about HIV status and sexual practices (Horvarth, Oates & Rosser 2008).

Within specific environments such as sex venues, the norms pertaining to silence that preclude verbal negotiation of sexual behaviour (Elwood, Green & Carter 2003; Richters 2007) will obviously influence the category of negotiation employed by an individual, especially as silences are often interpreted as assent to bareback sex (Adam et al 2008). Furthermore, although the effectiveness of seroadaptive behaviours remains contested, such behaviours are dependent on the knowledge and disclosure of HIV status (Vallabhaneni et al 2012), and the typology highlighted in this discussion may have utility in focusing HIV prevention efforts. Excluding those encounters in which the sex was not consensual, which are outside the parameters of the present study and requires greater investigation, the fact that men can arrive at bareback sex and have no awareness of how they got there or who instigated the bareback encounter raises major challenges for those working in HIV prevention. Disclosure of HIV status during a sexual encounter is relatively uncommon (Prestage et al 2001; Wolitzki, Gomez & Parsons 2005) as individuals avoid discussing bareback sex to circumnavigate having to deal with issues such as sero-discordance, thus enabling them to proceed with the barebacking encounter. I will return to the issue of HIV prevention later in this chapter.

6.5.3 SUBSTANCE USE

Substance use was another feature of men's narratives; however, the findings were inconsistent, complicated and nuanced. Some men reported that drugs and alcohol were incidental to their barebacking encounters, while others reported a clear association between substance use and bareback sex. This inconsistency in relation to substance use and barebacking can also be seen in the literature. For example, Stueve *et al* (2002) found an association between drug and alcohol use and barebacking with casual partners, while Prestage et al. (2007) found that drug use is highly contextual and not associated with condomless sex, and Weatherburn *et al* (1993) found that men were no more likely to take sexual risks after consuming alcohol.

6.5.4 NEGOTIATED SAFETY

All but one of the participants (James) had engaged in bareback sex in the context of a romantic relationship, and several participants had done so with multiple partners. They were more likely to have receptive anal sex within a romantic relationship and more likely to allow their partner to ejaculate inside them. Engaging in bareback sex and the giving and or receiving of semen through internal ejaculation was imbued with meaning for both tops

and particularly for bottoms. Semen was the embodiment of a partner, with men in the bottom position being able to hold their partner inside them, which fostered connection and closeness. Yet, few participants had followed the principles of negotiated safety with common issues including the following: (a) having sex early in the relationship, before concordance could be established through HIV testing outside of the HIV window period; (b) basing decisions to bareback on HIV tests that occurred prior to the relationship; (c) being dishonest about previous sexual risks; (d) not making or adhering to agreements about sexual conduct outside of the relationship; and (e) not having a discussion prior to engaging in bareback sex. While participants who engaged in bareback sex in a romantic relationship generally considered that it was low risk, this assumption paradoxically placed participants as well as their romantic partners at a significant risk of HIV transmission/acquisition.

The findings of the present study are consistent with the literature in that bareback sex is reported to occur more commonly in romantic relationships (Crawford et al 2001), as does receptive anal sex and internal ejaculation. Although HIV-negative men in romantic relationships may report they are in sero-concordant relationships (Crawford et al 2001), large numbers (55%) engage in bareback sex within the three month window period (Davidovich, de Witt & Strobe 2004). In addition, while most HIV-negative men in romantic relationships report making and keeping negotiated safety agreements (Crawford et al 2001), many (46%) engage in bareback sex without having discussed it beforehand (Davidovich, de Witt & Strobe 2004). If employed correctly by both partners, such negotiation eradicates the transmission of HIV (Crawford et al 2001) and yet romantic relationships remain a significant source of HIV transmission (Davidovich et al 2001; Xiridou et al 2003).

Negotiated safety has been labelled “negotiated danger” (Erkstand et al 1993) and yet it continues to be an integral part of MSM sexual and intimate relationships. As discussed earlier, and as referenced in the literature (Halkitis et al 2008), barebacking and internal ejaculation is hugely symbolic, especially for men in relationships (Flowers et al 1997; Adam, Sears & Schellenberg 2000; Ridge 2004). It fosters closeness and connection between partners and is transformative, signifying a change in the relationship from casual to established (Remien, Carballo-Diequez & Wagner 1995; Flowers et al 1997; Adam, Sears & Schellenberg 2000; Adam et al 2005). Central to this change in the relationship is trust. In the beginning of a relationship, individuals may desire to demonstrate their trust in their

partner and be trusted in return. Condomless sex is perceived as a symbol of trust (Davidovich, de Witt & Strobe 2004), and it is this trust which may offer an explanation as to why many MSM do not follow the principles of negotiated safety. Engaging in bareback sex, especially with internal ejaculation, is the ultimate display of trust for MSM in the age of AIDS (Flowers et al 1997) and in a desperate bid to demonstrate to a partner that they are to be trusted, individuals may forgo condoms. Following the principles of negotiated safety may be logical; however, in the same way that condoms are perceived to show a lack of trust in a partner (Adam, Sears & Schellenberg 2000; Adam et al 2005) following the principles may also be presumed to suggest a lack of trust.

6.6 SECTION FOUR: IMPLICATIONS

I will now consider the implications of the thesis, both for practice and in terms of recommendations for future research. From the outset of this section, I would like make a general observation that all of the participants in this study (and probably a significant number of MSM) are aware of the potential risks from engaging in bareback sex and share a common aspiration with those working in HIV prevention such as practitioners and researchers, namely, wanting to prevent HIV transmission from occurring. There appear, however, to be two distinctly different ways in which these two groups (MSM and those working in HIV prevention) attempt to achieve this outcome. There is a general belief that if MSM can be reached through finely calibrated HIV prevention programmes, then these men will heed the advice to use condoms and HIV will be eradicated (Dean 2000). Yet, as demonstrated in Chapter One, the numbers of MSM acquiring and transmitting HIV (and other STIs) continues to rise, in spite of the continual promotion of condoms. Dean (2000) argues that “this well-meaning educational fantasy amounts to little more than a sophisticated form of denial”. The task of reducing the number of HIV transmissions is immensely complex (Elam et al 2008), and as I have shown in this thesis there is unlikely to be a HIV prevention panacea. There is “(a) complex web of interrelated psycho-social factors which influence risk” (Perdue et al 2003:90), yet current “efforts tend to conceptualise the HIV threat in a way that is stripped of the social, political, and economic context in which it is inextricably embedded” (Martin 2006: 228). Furthermore, while the absence of disease is an important goal, it is only one aspect of the World Health Organisation conceptualisation of sexual health (Naisteter & Sitron 2010). I contend that HIV prevention needs to evolve and be creative, whilst also respecting its roots, which in the beginning of the epidemic originated from gay men (Carballo-Diequez et al 2006).

6.6.1 IMPLICATIONS FOR PRACTICE

6.6.1.1 TAKING AN HOLISTIC APPROACH WHEN WORKING WITH MSM

This thesis has demonstrated that no two barebacking encounters are the same and that even when the encounter involves the same partners there are a wide variety of interconnected factors for each partner. This means that when working with MSM around sexual risk taking, each individual will have a unique set of factors associated with each barebacking encounter. This lack of a single determining factor creates difficulties for those in HIV prevention, as there is no clear point at which to direct behaviour change. In many contexts where HIV prevention may occur (e.g. a sexual health clinic setting) there is nevertheless a general focus on a particular outcome, rather than on developing a deeper understanding of the MSM within their psycho-social landscape.

As a senior clinician who works in a busy sexual health setting, I am acutely aware of the time pressures that taking a holistic approach to working with MSM may create. However, given the continuing burden of HIV on MSM and the subsequent impact that this demand has on the health service, ensuring that HIV prevention interventions are person-centred is essential if these interventions are to be most effective. As clearly demonstrated in this study, there is a convergence of multiple factors when men engage in bareback sex and those of us who work in HIV prevention need to be aware of the potential complexities of the situation as well as the ideographic experiences of MSM. A simple but effective place to start would be with the individual's sexual history.

THE TYPE OF SEXUAL PARTNER

The current BASHH guideline for sexual history taking (Brook et al 2013) advocates asking about partner type to facilitate partner notification. However, the findings of the present study suggest that partner type also influences the likelihood of a person engaging in bareback sex. To better understand the an individual and their own unique situation, those working with MSM should therefore ask about the nature of the relationship between them and their partners, as descriptions such as “casual” or “regular” fail to encompass the true range of partner types.

HOW MSM CONNECT WITH SEXUAL PARTNERS

In addition to asking about the partner type and nature of relationship another important consideration is how an individual connects with sexual partners. According to NICE (2007), those working in sexual health (general practice, sexual health clinics, community health

services, voluntary and community organisations and school clinics) are expected to have a meaningful understanding of sexual behaviours. I would argue that this should extend to having an awareness of the differing ways in which individuals connect with sexual partners, and specifically they should understand how 'codes of conduct' associated with these different modes of connection may influence an individual's ability to negotiate the type of sex, and how the use of technological devices affects the filtering of partners. For example, while promoting interpersonal skills development, as suggested by Natale (2009b) in his study, is an important tool in HIV prevention, it is of little use to an individual who only engages in bareback sex in spaces such as saunas where verbal communication is prohibited.

THE NEGOTIATION OF BAREBACK SEX

This thesis has demonstrated that despite individuals stating that they are in sero-concordant relationships; this knowledge can be based on assumptions and assessments of a partner during a sexual encounter rather than fact. As this study clearly highlights, MSM who engage in bareback sex where there has been little or no verbal communication about the sex nevertheless appear to follow a barebacking sexual script. It is crucial for those working in HIV prevention, then, to ascertain how individual MSM negotiated during a barebacking encounter, as this indicates what information is shared between the partners and helps establish the level of risk undertaken. The typology of the negotiation of bareback sex presented in this chapter may aid this process. Establishing how the bareback sex was negotiated will also help contextualise the individual's experience; raising awareness of the potential barriers they may be experiencing allowing for the tailoring of advice to suit the individual.

SUBSTANCE USE

Those working with MSM around HIV prevention and general sexual health the routine questioning about substance use (including alcohol) is essential (BASHH 2013). The complicated relationship between substance use and bareback sex, however, would suggest that more detailed questioning is required, including how the substances are used (for sex or not) as well as assessing if they affect decisions to bareback (or not). Furthermore, discussing substance use in more detail would enable the issue of substance use and consent to be raised, especially given that men who use substances and have sex as a bottom may be incapacitated due to the substance use and experience condomless anal sex which wasn't necessarily consensual.

HIV TESTING AND NEGOTIATED SAFETY

HIV testing among MSM continues to be promoted (NICE 2011; BHIVA 2008), and given that bareback sex is more common among men in romantic relationships, negotiated safety should be a consideration when performing an HIV test. There are several specific features of this recommendation. First, the reason for testing should be ascertained and if the test is specifically for negotiated safety, further advice and support should be given. Second, as much HIV testing of MSM occurs in the context of opt-out testing, and given that many individuals engaged in bareback sex in relationships prior to testing with their partner outside of the window period, having a discussion about negotiated safety should be a standard part of the post-test discussion for all MSM. Third, given that men in this study felt confident that the condomless anal sex that they engaged in with romantic partners did not place them at risk of acquiring HIV, it must be recognised that participants rarely follow the principles of negotiated safety and thus place themselves and their partners at risk of HIV acquisition. Awareness needs to be raised among all HIV-negative MSM about the principles of negotiated safety, as well as the risks involved in having bareback sex with a romantic partner if these principles aren't followed.

SEXUAL POSITION

There needs to be awareness among those in HIV prevention that the sexual position that an individual adopts during anal sex can affect their agency in a sexual encounter. As seen in the present study, men ascribed different meanings to bareback sex and internal ejaculation dependent on the sexual position they adopt, and these meanings may motivate them to engage in bareback sex. Men who adopt the bottom position during a sexual encounter may desire to submit sexually to their partner or be motivated by pleasing their partner sexually and thus may often serve as the gatekeeper or ultimate arbiter of whether bareback sex occurs. Conversely, men who adopt the top position during sex may have fewer barriers to engage in bareback sex especially with discordant and casual partners. In addition, men in this study were reluctant to engage in bareback sex as bottoms in situations that might place them at risk of HIV, and subsequently limited the partners with whom they would do so. This raises the obvious question of who are the tops engaging in bareback sex with. Perhaps the answer may be found in the fact that HIV-positive men engaging in potentially discordant anal sex often adopt the bottom position, as they consider this to be less risky than having anal sex as a top (Parsons et al 2003). Therefore, tops will be having sex with partners that they consider to be HIV-negative, based on the assumptions that they have made during the encounter, even though a

significant number of these partners are in fact likely to be HIV-positive. This concern should be raised with men who adopt the top position during sexual encounters. In addition, discussions should also take place with MSM about their ability to negotiate during sex. Specifically, appropriate strategies should be explored that enable explicit negotiation, such as prior to the act of sex, or through the use of technologies that forgo the negotiation during sex. Furthermore, this strengthens the case for the utility of strategies that may impact on the transmission of HIV, especially for men who adopt the bottom position, that do not involve the use of condoms; for example, rectal microbiocides and treatment as prevention such as PrEP.

OLDER MEN

Another factor which those working in HIV prevention should be aware of relates to the potential vulnerability of older MSM to loneliness and social isolation, especially those identifying as a bottom. The findings from this study have shown that attending bars and connecting with other men resulted in the consumption of substances which in turn amplified feelings of loneliness and ultimately resulted in bareback sex. This is in line with the findings of the HPA report in 2008 which highlighted the issues of older people, STIs, HIV and sexual risk taking. It has been suggested in the literature that addressing loneliness and its underlying causes will reduce risk-taking behaviours (Torres & Gore-Felton 2007). Interventions that help cope with loneliness should be targeted to men who are at greatest risk of loneliness and social isolation, such as those who are older. And, given the link between relationships issues, negative mood and bareback sex, these interventions should also target men experiencing relationship problems or those recently out of relationships.

6.6.1.2 THE DEVELOPMENT OF PERSONAL HIV PREVENTION STRATEGIES

Continuing the discussion about adopting a holistic approach to HIV prevention and treatment, the promotion of condoms remains the primary HIV prevention message for MSM in the United Kingdom (HPA 2011; Clutterbuck et al 2012). It is, however, widely argued that the 'condom every time' approach is too simplistic to address the realities of the sexual lives of MSM (Junge 2002). Sexual pleasure poses a significant challenge for HIV prevention because its long term goal requires MSM to forego the preferred pleasure of condomless sex in favour of the reduced pleasure of condoms (Williams, Elwood & Bowen 2000) unless with a sero-concordant partner. MSM who engage in bareback sex are often perceived in interventions as being unknowledgeable or incompetent (Aguinaldo & Myers 2008), yet participants in the present study developed and operationalised personal HIV

prevention strategies, which included condoms, to minimise their risk of acquiring HIV, and these strategies were based on sophisticated levels of HIV knowledge. Given that the current strategy is failing, as evidenced by the increases in MSM acquiring HIV (and other STIs), perhaps what is required is a more radical approach, one that requires the uncomfortable adjustment from preventing what may consider to be an undesirable outcome, barebacking, to working in partnership with MSM to reduce their likelihood of them acquiring (or transmitting) HIV. Such an approach will acknowledge that most men will at some point not use condoms for anal sex, and that they may well be working within their own personal HIV prevention strategy. Let me be clear; I am not saying that the promotion of condoms should be abandoned, as they are the most effective HIV prevention tool that is currently available, However, they need to be placed in a framework of other strategies that MSM are using. By shifting the focus away from condoms and asking individuals how they make their sex safer, will obtain what Carballo-Diequez (2001) describes as a precious entry point, and this will enable several positive changes to occur. First, it enables the exploration of an individual's sexual practices, and allows for gaps in knowledge to be addressed. Second, it can help develop a realistic person-centred strategy, including the use of condoms that is based on contemporary information and on the level of risk that an individual is happy to accept. As well as promoting person-centred strategies and sexual and intimate fulfilment, this approach affirms personal freedom (Carballo-Diequez 2001).

6.6.2 FUTURE RESEARCH

This thesis has raised several unanswered questions and I have identified a number of lines of investigation which would benefit from future work.

6.6.2.1 SEXUAL POSITION

There are clearly areas in which there is an interface between sexual position and bareback sex, and so I would argue that future research with MSM should take sexual position into account. Most men in this study had bareback sex in both sexual positions, but their attitudes and behaviours appear to be different depending on the sexual position that they adopt during an encounter. Research is required to ascertain how men develop their sexual roles as tops and bottoms; more specifically, what do MSM desire in a top and in a bottom, what influences the development of these roles, and how do these influences inhibit or

enhance sexual negotiation and bareback sex? This interface would be a useful consideration in other research.

The present study also revealed an intersection between loneliness, substance use, age and sexual position among participants. These findings require replication with larger samples as loneliness among bottoms may be an important contextual factor in barebacking, especially in the case of older men.

6.6.2.2 PERSONAL HIV PREVENTION STRATEGIES

Men in this study developed and operationalised personal HIV prevention strategies but future research that more deeply explores how men develop and operationalise these strategies is required. This research will ideally reveal what informs these strategies, how they are operationalised and what influences their operationalisation, if they are applied consistently, and how practitioners and researchers can influence the strategies. As noted in this study, men have sophisticated levels of knowledge pertaining to HIV, treatments and transmission. As treatment as prevention becomes more widespread, especially PrEP as well as future developments such as rectal microbiocides, researchers and practitioners need to keep abreast of how those technologies are used and affect sexual behaviour. Such education should include how these technologies are incorporated and operationalised within personal HIV prevention strategies of MSM.

6.6.2.3 THE INTERCONNECTEDNESS OF FACTORS

There are a number of factors which appeared in men's barebacking narratives; however, as the focus of this study was on those encounters which resulted in bareback sex, and not those which did not, it cannot be determined if there are factors or combinations of factors that are specific to barebacking encounters as opposed to those that pertain to all sexual encounters. More specifically, are there particular combinations of factors which are more likely to result in bareback sex or condom use?

6.6.2.4 MODES OF CONNECTION

As demonstrated in this study, men use a variety of spaces to connect with barebacking partners. There are two aspects of this social connection which require future work. First, as seen with the development of Location Based Social Networking Applications, such technologies are used differently than other technologies. That is, they have their own 'codes of behaviours' which are specific to that mode of connection. Some of these will be

related to the inbuilt functionality within the website/App, while others will develop culturally with the people who use them. Given that different types of spaces affect the negotiation of bareback sex, the filtering of partners, the type of sex, and the type of partner, researchers and practitioners need to be aware of and monitor changes in the modes of connection used. This line of investigation should include demographics of who uses the modes, how the modes are used, their association with risk, and also protective behaviours. Also, existing modes need to be monitored to detect socio-cultural changes over time. Second, it would be helpful for future research to examine the levels of knowledge among practitioners about the different spaces that MSM use to connect with their sexual partners and how these spaces influence barebacking and use of condoms during sex. Such investigation would be helpful in understanding future educational requirements of practitioners relating to this issue.

6.6.2.5 OLDER MSM

Substance use, as well as engagement in condomless sex in situations which place them at risk of acquiring HIV and other sexually transmitted infections, was common in men's narratives. In addition, within men's experiences there was an intersection with loneliness, social isolation and barebacking. Given the potential health implications of these findings, future research specifically exploring issues that affect older lesbian, gay, bisexual and transgender populations is required. Furthermore, a needs analysis of older MSM in relation to sexual healthcare provision would be beneficial in order to meet the sexual healthcare needs of this population in an appropriate and tailored way and to ascertain if older MSM may benefit from dedicated service provision.

6.7 REFLECTIONS ON HOW I EXIT THE STUDY

How I exit the study and the PhD is complex, not least because I inhabited several roles during the process including clinician, PhD-researcher and gay man. As an insider-researcher (i.e. a gay man researching with gay men) I occupied a privileged position which benefited the study in many ways. For example, as noted by Zea, Reisen & Diaz (2003) being viewed as an 'insider' granted greater access to the study population as the contacts that I made socially or through my volunteer work promoted my research via email broadcasts, magazine articles and websites. Many motivated in part because the issue of HIV and sexual risk taking among gay men continues to be something that remains pertinent, with many having personal experiences of sexual risk taking and HIV through

themselves and their friends. Rather than adopting a position of neutrality as suggested by some (Zea, Reisen & Diaz 2003; Parse 2001) my decision to adopt a position of transparency regarding being a clinician in the field of HIV / Sexual Health, who has a passion for the health & welfare of MSM and being an out gay man who is actively involved in the gay community contributed not only to the authenticity of this research, but facilitated the gaining of trust and participation of the participants (Zinn 1979). Indeed, several participants articulated either before or after the interview that they were relieved that I was a gay man as they felt they could be more honest and speak more frankly about their sexual behaviours, as evidenced in the interview transcripts. This transparency about my insider-researcher status meant that there was a shared understanding of culture as well as a common ground of communication through what Kanuha (2000: 442) describes as 'coded language'. This undoubtedly contributed to the ease and speed I was able to establish a rapport and trust and accessible lines of communication as well as my 20 years clinical experience of discussing sex with strangers on an almost daily basis.

There were of course tensions with being an insider-researcher. The participant – researcher relationship (its transparency, how much and what to disclose, including one's own sexuality), is fraught with challenges but is central to qualitative research and especially interviews, as it is a fundamental ethical (and methodological) issue. The relationship ultimately influences all aspects of the research from its philosophical underpinning to data generation and analysis, so while the position I adopted may have contributed to greater collaboration, some caution was also required. For example, the issue of transparency was complicated. Sarrant-Green (2002) suggests that insider-researchers need to define themselves in relation to the population that they are studying i.e. in which ways was I similar and in which ways was I different to the study population.

However, doing this involved a level of reflection and self-honesty about deeply personal experiences and the emergent self was most problematic when it conflicted with clinical, academic loyalties or being a gay man. The conflicts and contradictions in relation to sexual position and bareback sex that resided deep within me remained ever present and these tensions created what Humphrey (2007) describes as professional and personal dilemmas. These personal and professional dilemmas were compounded when deciding what and how much to disclose about my own experiences and cognitions to participants and the academy as these would become the property of the public (Humphrey 2007). The process required me to manage feelings of vulnerability as such there are bits that I

therefore chosen to remain hidden. This challenge that has also been noted by others (Dean 2009) who struggled with whether to declare his own engagement with and experience of bareback sex because of fear of judgement from others in doing so.

Other challenges included my over familiarisation with the topic and population which can lead to the loss of subtle detail and the making of assumptions (Bonner & Tulhurst 2002) and the possible loss of objectivity (Unluer 2012). Furthermore, it doesn't necessarily follow that a shared sexuality translates to a shared understanding of the phenomenon and population being researched. As noted by others (Kanuha 2000) some aspects of the participant's narratives obviously mirrored some of my own experiences and I therefore had to ensure that during the analysis separated my experiences from that of the participants. Reflection therefore was essential (Zea, Reisen & Diaz 2003), so as suggested by Bonner & Tulhurst (2002) and Hellawell (2006) I kept a reflective diary during the data collection and analysis. Fox (1999) argues that it is through this on-going process of introspection and critique textually brings together the researcher-participant enabling the utilisation and understanding of the potential effects of the researcher in a way that makes the part of the phenomenon. Seeking perspective is also important when conducting insider research and I used my multiple roles as an academic, clinician and gay man to provide me with 'spaces' in which to consider the research from these different (and at times conflicting) perspectives. In reality drawing these distinctions was not so clear cut, however by moving from space to space and (re)-examining the findings and using friends and colleagues as sounding boards from each context facilitated critical exploration and thinking.

The position of privilege however, also came with a sense of personal responsibility. In particular the 'delicate balancing act' of academic credibility vs the accountability I felt towards the gay community (Taylor 2011:14). I felt a commitment to providing an honest account for the men who had generously taken time to contribute to the study and share their experiences, yet I also felt a sense of responsibility to the gay community to not produce a sensationalist or distorted account or an account that could alienate us from the wider society that we belong to. I was also acutely aware of the political tensions that being an insider-researcher posed and the accountability that I felt (Zinn 1979), for example the potential harm that could result from the findings could be used against the very people I was attempting to help and the community to which I belonged (Platzer & James 1997). Zinn (1979: 218) reminds us that these challenges

‘should serve to remind us of our political responsibility and compel us to carry out our research with ethical and intellectual integrity.’ Therefore to maintain my credibility these responsibilities had to be balanced with my responsibility as a researcher to faithfully report my findings both good and bad.

Finally, another persistent tension was regarding the PhD itself and the responsibility I felt towards those who had invested in me: The NIHR, Imperial College Healthcare, Imperial College Charity, City University London, my supervisors, my colleagues, my participants and most importantly my friends and family, to do a good job, to find something useful and to damn-well finish the thing.

Being an insider-researcher has shaped my relationship with the world that I inhabit as a clinician, an academic and as an out gay man. So how do I exit the study? I am reminded of a consultation I had with my General Practitioner who my family insisted that I saw when I came out aged 16 years. When asked by my aunt what the implications were for me being gay, he turned to her and said ‘you see being gay means that now everything has changed and nothing will ever be the same, yet at the same time nothing has changed at all’. Wise words indeed, but it is also true of my situation having been an insider researcher. On some level nothing has changed, I still go to work, I go out with friends, I have relationships and I continue to have the tensions described earlier. Yet on another level everything has changed I exit the study a more confident and competent researcher and importantly a more reflective individual.

6.8 LIMITATIONS

The ideographic nature of IPA necessitates a small homogenous sample size; therefore, the findings of this thesis need to be understood in relation to the small sample size of men who took part. As such, their experiences may not necessarily be representative of all MSM who engage in bareback sex. The population of MSM in London is diverse, both in relation to cultural backgrounds and age. Even though all of the participants shared the experiences of engaging in bareback sex, there were differences in ages (which ranged from 29 to 55 years), relationship status, and also the ethnic origins of the participants. Future research will be required with black and minority ethnic MSM, younger MSM and MSM living with HIV to ascertain the pertinence of the present findings to these specific populations, particularly research that examines cultural factors that may influence sexual position and bareback sex. Another limitation is that participants in the present study were ‘out’ gay

men and therefore the findings may not be applicable to men who have sex with men who have different sexual identities. Third, as the study was conducted in London, the findings may not be applicable to men in other geographical locations or rural areas. And, fourth, as this was a convenience sample, the self-selected nature of the study will also affect the transferability of the findings.

Other limitations of the present study are the following. The data was collected from participants in the form of interviews, in which they were asked to reflect on previous barebacking experiences. Accordingly, participants may have been affected by recall bias. The findings presented in this thesis reflect my endeavour to finding meaning and understand the experiences of the participants, and even though I have attempted to be as transparent and reflective as possible, these interpretations will be inevitably be influenced by my own experiences and conceptions. The lack of a second coder may have impacted on the depth and/or breadth of analysis; however, attempts were made to mitigate this potential limitation through peer review of selected transcripts. And it is important to remember that Smith, Flowers & Larkin (2009) argue that the aim of IPA is to provide a detailed and credible explanation of a phenomenon rather than a single, objective account.

6.9 CONCLUSION

In this chapter I have discussed what I consider to be the major findings that have emerged from this study. This study has contributed to a small body of qualitative literature that pertains specifically to HIV-negative men who engage in bareback sex, which has been absent from a UK perspective. My holistic approach to attempt to understand the lived experience of gay men who engage in bareback sex has shown that there is a dynamic constellation of interconnected factors that influence the decision to engage in this type of sex. I have argued that men who bareback are not necessarily deviant, damaged or pathological, but instead barebacking is a symbolic act for these men, one which is imbued with meaning. I have been able to show that the sexual position an individual adopts is an important, yet under-examined aspect of bareback sex. I have highlighted that although there were shared meanings across top and bottom narratives there were also differences associated with sexual position. Furthermore, I have revealed that men having sex in a particular sexual position utilise different sexual scripts, and these sexual scripts may be an important dynamic in relation to barebacking because they may create conflicts between risks and pleasure that may contribute to the decision to engage in bareback sex. I have been able to show that there are several age-related issues pertaining to barebacking and

older gay men, such as loneliness and life-death orientation, and that substance use and sexual risk-taking are not uncommon in older men's experiences. I have argued that the negotiation of bareback sex and, further, that the way in which the negotiation is operationalized affects what information is shared between partners, and what individuals do in an attempt to make their bareback sex safer. Finally, I offered a typology of negotiation and concluded this thesis by discussing the implications of this study for both practitioners and researchers.

6.9.1 ORIGINAL CONTRIBUTION

This thesis makes several unique contributions to existing knowledge and contemporary discourses on barebacking. The present study asserts that unitary explanations do little to fully explain the phenomenon barebacking and the holistic approach adopted has provided an account of bareback sex among HIV-negative and unknown status gay men that considered the complexity and interaction between the various factors, an account which many authors have demanded. By locating individuals within their psycho-social landscapes and describing the various meanings and influences I have been able to reflect that for the men in this study barebacking was a profoundly meaningful endeavour and no two barebacking encounters are the same, even if it is between the same sexual partners. The location of sex and how individuals connected with partners play an important part in how sex was negotiated and what information was shared between them. In addition, examining the phenomenon of barebacking through the analytical lens of sexual position has provided novel insights both in relation to barebacking and also the sexual dynamic between tops and bottoms during a sexual encounter, a topic which has remained virtually absent from academic discourses. The sexual position adopted during a barebacking encounter is significant in the negotiation, risk reduction and meanings men ascribe. There is a barebacking sexual script which proscribed appropriate behaviour, but which may disadvantage men who adopt the bottom position. Bottoms were constructed in both top and bottoms narratives as the gatekeeper to bareback sex. Although men may want to avoid HIV, they push the boundaries of what may be considered safer sex and the operationalization of negotiated safety was both problematic and at times risky. Furthermore, in using Goffman's 'the presentation of self in everyday life' (1959), Festinger's cognitive dissonance (1957) and Gagnon and

Simons Sexual Script Theory (1973) I have also contributed to the contemporary application of these theories.

In relation to the contextual factors bareback sex was located within an intersection of multiple factors. While substance use was common in men's barebacking narratives, its actual relationship to bareback sex was complicated with it being a contributing factor for some and not for others. Emotionally, many men located their barebacking experiences within feelings of loneliness and low self-esteem, yet this was only located in bottom narratives and appeared to be compounded by age. Self-esteem was linked to erotic capital, with men 'making the most' of partners that they perceived to be more attractive than themselves. This could not only result in bareback sex, but to individuals relinquishing themselves to a partner and allowing them to do 'what they liked to them'. While individuals would use life-death orientation to justify barebacking behaviours, they would also operationalise strategies to reduce the likelihood of HIV transmission. The 'space' where bareback sex occurs was important as barebacking was 'normalised' within many sexualised spaces, and the location where sex occurred contributed to individuals feeling risky or safe. Furthermore, different technology had different functionality which men used not only to meet prospective partners but also to filter them in relation to the suitability for bareback sex. Lastly, the nature of a relationship was significant in men's barebacking narratives especially with known or romantic partners.

The act of bareback sex provided useful insights too. The location where bareback sex occurs is important. More formal spaces could contribute to the sexual charge, influence an individual's performance and were governed by codes of expected behaviours and appropriate behaviours. For men in romantic relationships engaging in bareback sex with their partners was considered 'safe' regardless whether the bareback sex occurred within or outside of negotiated safety, moreover individuals would claim to be engaging in bareback sex within 'negotiated safety' even if they were not following the principles of negotiated safety. Goffman (1959) the presentation of self in everyday life help illuminate the performativity within a barebacking encounter. For example, as that as individuals would avoid those they perceive to be barebackers, the presentation of self was important. As such men

would often project an image of not being a barebacker in order to engage in bareback sex, this image was supported with the use of props including the construction of safety by the placing out of condoms. Communication between barebacking partners occurred primarily in silence with individuals relying on positioning, gestures and indirect verbal communication. The use of Gagnon and Simon's (1973) Sexual Script Theory as a lens revealed a barebacking sexual script. This script comprised of several elements beginning with the placing out of condoms, the gradual initiation of bareback sex and the location of this initiation within foreplay. The key stages of the script included stimulating the penis at the anus, 'dipping' the penis in the anus, resisting initially to not appear keen (see presentation of self again), and if no resistance was offered silence taken as assent to full bareback intercourse. This process invariably placed the bottom (in both top and bottom narratives) as gatekeepers to bareback sex. As men did not want to acquire HIV, they had to overcome their cognitive dissonance (Festinger, 1957) in order to engage in bareback sex, especially with casual partners. To achieve this men would bring differing cognitions into alignment through the operationalization of strategies that attempted to reduce the risk of HIV transmission. These strategies were often based on highly developed HIV knowledge. While some of these strategies were across sexual position, for example the common strategy (as discussed previously) of assessing and avoiding partners perceived to be risky. Other strategies were specific to top and bottom narratives such as being circumcised or prohibiting internal ejaculation.

The final contribution that this thesis makes is in relation to understanding the meanings men ascribe to bareback sex and in particular the differences in meanings according to the sexual position that they had adopted during a barebacking encounter. While bareback sex was considered both pleasurable and erotic across top and bottom narratives there were differences noted between the two sexual positions. For example it was acknowledged that for men who adopt the bottom position during anal sex there was little difference in physical sensation whether a condom was used or not, suggesting that for many bottoms pleasure has a more psychological basis. Internal ejaculation was symbolic for both tops and bottoms being associated with conceptions of hegemonic masculinity which could intensify a sexual experience. Yet there were two distinct sexual scripts for tops and bottoms in operation in relation to the meaning ascribed to both bareback sex and internal ejaculation. For bottoms there

were narratives of integration of a partner and the essence of man while top narratives contained notions of aggression, achievement and ownership. In addition to these, the sexual charge of a barebacking encounter could be amplified through transgression, abjection, intimacy and the naturalness of anal sex without a condom.

REFERENCES

- Adam B** (2005) Constructing the neoliberal sexual actor: Responsibility and care of the self in the discourse of barebackers. *Culture, Health & Sexuality*, 7(4): 333-346
- Adam B, Husbands W, Murray J & Maxwell J** (2005) AIDS optimism, condom fatigue, or self-esteem? Explaining unsafe sex among gay and bisexual men. *The Journal of Sex Research*, 42(3): 238-248
- Adam P, Teva I & de Wit J** (2008) Balancing risk and pleasure: sexual self-control as a moderator of the influence of sexual desires on sexual risk-taking in men who have sex with men. *Sexually Transmitted Infections*, 84(6): 463-467
- Adams A, Becker T, Lapidus J, Modesitt S, Lehman S & Loveless M** (2003) HIV infection risk, behaviors, and attitudes about testing: Are perceptions changing? *Sexually Transmitted Diseases*, 30(10): 764-768
- Adams B, Sears A & Schellenberg E** (2000) Accounting for unsafe sex: Interviews with men who have sex with men. *The Journal of Sex Research*, 37(1): 24-36
- Adams J & Neville S** (2009) Men who have sex with men account for non-use of condoms. *Qualitative Health Research*, 19(12): 1669-1677
- Aguinaldo J & Myers T** (2008) A discursive approach to disinhibition theory: the normalisation of unsafe sex among gay men. *Qualitative Health Research*, 18(2): 167-181
- Anderson C & Galinsky A** (2006) Power, optimism, and risk taking. *European Journal of Social Psychology*, 36(4): 511-536
- Appleby P, Miller L & Rothspan A** (1999) The paradox of trust for male couples: When risk is part of loving. *Personal Relationships*, 6(1): 81-93
- Ariely D & Loewenstein G** (2006) The heat of the moment: The effect of sexual arousal on sexual decision making. *Journal of Behavioral Decision Making*, 19 (2): 87-89
- Arroyo H** (1998) Barebacking no more: Transmission of resistant HIV strains a reality. *Newsline People with AIDS Coalition of New York*, 18,
- Baggaley R, White R & Boily M** (2010) HIV transmission risk though anal intercourse: A systematic review, meta-analysis and implications for HIV prevention. *International Journal of Epidemiology*, 39(4): 1048-1063
- Bancroft J, Janssen E, Strong D & Vukadinovic Z** (2003c) The relation between mood and sexuality in gay men. *Archives of Sexual Behavior*, 32(3): 231-242
- Bapst D** (2001) Glory holes and the men who use them. *Journal of Homosexuality*, 41(1): 89-102
- Bauermeister J, Carballo-Díéguez A, Ventuneac A & Dolezal C** (2009) Assessing motivations to engage in intentional condomless anal intercourse in HIV-risk contexts ("bareback sex") among men who have sex with men. *AIDS education and prevention: official publication of the International Society for AIDS Education*, 21(2): 156
- Bauermeister J, Giguere R, Carballo-Díéguez A, Ventuneac A & Eisenberg A** (2010) Perceived risks and protective strategies employed by young men who have sex with men (YMSM) when seeking online sexual partners. *Journal of Health Communication*, 15(6): 679-690
- Benn P, Fisher M & Kulasegaram R on behalf of the BASHH PEPSE Guidelines Writing Group Clinical Effectiveness Group** (2011) UK Guidelines for the use of post-exposure prophylaxis for HIV following sexual exposure. *International Journal of STD & AIDS*, 22(12): 695-708
- Beres, M** (2010) Sexual miscommunication? Untangling assumptions about sexual communication between casual sexual partners. *Culture, Health & Sexuality*, 12(1): 1-14
- Berg R** (2008) Barebacking among MSM internet users. *AIDS Behavior*, 12(5): 822-822
- Berg R** (2009) Barebacking: A review of the literature. *Archives of Sexual Behaviour*, 38(5): 754-764
- Bernstein K, Marcus J, Nieri G, Philip S, Klausner J** (2010) Rectal gonorrhoea and chlamydia reinfection is associated with increased risk of HIV seroconversion. *Journal of Acquired Immune Deficiency Syndromes*, 53(4):537-543, April 1 2010 .
- Bersani L** (1988) Is the rectum a grave? In Crimp D, *AIDS Cultural Analysis, Cultural Activism*. London: The MIT Press
- Bianchi F, Sheldin M, Brooks M, Penha M, Reisen C, Zea M & Poppen P** (2010) Partner section among Latino immigrant men who have sex with men. *Archives of Sexual Behavior*, 39(6): 1321-1330
- Biggerstaff D & Thompson A** (2008) Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, 5(3): 173-183
- Blechner M** (2002) Intimacy, pleasure, risk, and safety: Discussion of Chevront's "high-risk sexual behavior in the treatment of HIV-negative patients". *Journal of Gay & Lesbian Psychotherapy*, 6(3):27-33
- Blumer H** (1969) *Symbolic Interactionism: Perspective and method*. Berkeley: University of California Press
- Bolding G, Davis M, Hart G, Sherr L & Elford J** (2005) Gay men who look for sex on the internet: Is there more HIV / STI risk with online partners? *AIDS*, 19(9): 961-968
- Bonner A & Tolhurst G** (2002) Insider-outsider perspectives of participant observation. *Nurse researcher*, 9(4): 7-19
- Bowleg L** (2004) Love, Sex, and Masculinity in Sociocultural Context HIV Concerns and Condom Use among African American Men in Heterosexual Relationships. *Men and Masculinities*, 7(2): 166-186
- Braine N, van Sluytman L, Acker C, Friedman S & Jarlais D** (2011) Sexual contexts and the process of risk reduction. *Culture, Health & Sexuality*, 13(7): 797-814
- British HIV Association** (2008) *UK National Guidelines for HIV Testing*.
<http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf> (accessed 31/12/13)
- British HIV Association** (2014) Guidelines for the treatment of HIV-1-positive adults with antiretroviral therapy 2012 (updated November 2013). In *HIV Medicine*, 15(S1): 1-85
- British HIV Association** (2014) *Statement on HIV Window Period*.
<http://www.tht.org.uk/~media/Files/HIV%20postal%20testing/BASHH%20Statement%20on%20HIV%20window%20period%20%2015%20MARCH%202010-2.ashx> (accessed 31/12/2013)
- British Sociological Association** (2002) *Statement of Ethical Practice*.
<http://www.britisoc.co.uk/media/27107/StatementofEthicalPractice.pdf> (accessed 31/12/2013)
- Brocki J & Wearden A** (2006) A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health*, 21(1): 87-108

- Brook G, Bacon L, Evans C, McClean H, Roberts C, Tipples C, Winter A & Sullivan A (2013)** 2013 UK national guidelines for
THERE IS SOME INFORMATION MISSING HERE.
- Brown A, Yung A, Cosgrave E, Killackey E, Buckby J, Standford C, Godfrey K & McGorry P (2006a)** Depressed mood as a risk factor for unprotected sex in young people. *Australasian Psychiatry*, 14(3): 310-312
- Brown G & Maycock B (2005)** Different spaces, same faces: Perth gay men's experiences of sexuality, risk and HIV. *Culture, Health & Sexuality*, 7(1) 59-72
- Brown L, Tolou-Shams M, Lescano C, Houck C, Zeidman J, Pugatch D, Lourie K & the Project SHEILD Study Group (2006b)** Depressive symptoms as a predictor of sexual risk among African American adolescents and young adults. *Journal of Adolescent Health*, 39(3): 444.e1-444.e8
- Brummelhuis H & Herdt G (1995)** Introduction – Anthropology in the context of AIDS. In Brummelhuis H & Herdt G (eds) *Culture and Sexual Risk: Anthropological Perspectives on AIDS*. Amsterdam: Taylor & Francis
- Burchell A, Calzavara L, Ramuscak N, Myers T, Major C, Rachlis A, Gough K, Rabound J & Remis R (2003)** Symptomatic primary HIV infection or risk experiences? Circumstances surrounding HIV testing and diagnosis among recent seroconverters. *International Journal of STD & AIDS*, 14: 601-608
- Caceres C & van Griensven G (1994)** Male homosexual transmission of HIV-1. *AIDS*, 8(8):1051-1061
- Calzavara L, Burchell A, Lebovic G, Myers T, Remis R, Raboud J, Corey P, Swantee C & Hart T (2012)** The impact of stressful life events on unprotected anal intercourse among gay and bisexual men. *AIDS Behavior*, 16(3): 633-643
- Carballo-Dieguez A & Bauermeister J (2004a)** 'Barebacking': Intentional condomless anal sex HIV-risk contexts. Reasons for and against it. *Journal of Homosexuality*, 47: 1-18
- Carballo-Dieguez A, Dowsett G, Venunaec A, Remien R, Balan I, Dolezal C, Luciano O & Lin P (2006)** Cybercartography of popular internet sites used by New York City men who have sex with men in bareback sex. *AIDS Education and Prevention*, 19(6): 475-489
- Carballo-Dieguez A (2001)** HIV, barebacking, and gay men's sexuality, circa 2001. *Journal of Sex Education and Therapy*, 26(3): 225-233
- Carballo-Dieguez A, Ventuneac A, Bauermeister J, Dowsett G, Dolezal C, Remien R, Balan I & Rowe M (2009)** Is 'bareback' a useful construct in primary HIV prevention? Definitions, identity and research. *Culture, Health & Sexuality*, 11(1): 56-65
- Carballo-Dieguez A, Ventuneac A, Dowsett G, Balan I, Bauermeister J, Remien R, Dolezal C, Giguere R & Mabragana M (2011)** Sexual pleasure and intimacy among men who engage in 'bareback sex'. *AIDS Behaviour*, 15: S57-S65
- Cassels S, Menza T, Goodreau S, Golden M (2010a)** Available evidence does not support serosorting as an HIV risk reduction strategy: Author's reply. *AIDS*, 24(6):936-938, March 27 2010.
- Clutterbuck D et al. on behalf of the clinical effectiveness group of BASHH & BHIVA (2012)** UK national guidelines on safer sex advice.
- Cohen M & Omery A (1994)** Schools of phenomenology: Implications for research. In *Critical Issues in Qualitative Research* (Morse J, ed.). Thousand Oaks, CA: Sage, pp. 136–156.
- Cohen M, Chen Y, McCauley M, Gamble T, Hosseinipour M, Kumarasamy N, Hakim J, Kumwenda J, Grinsztejn B, Pilotto J, Godbole S, Mayer K, Hoffman I, Eshleman S, Piwowar-Manning E, Wang L, Makhema J, Mills L, de Bruyn G, Sanne I, Eron J, Gallant J, Havir D, Swindells S, Ribaud H, Elharrar V, Burns D, Taha T, Nielsen-Saines K, Celentino D, Essex M & Flemming T for the HPTN 052 Study team (2011)** Prevention of HIV-1 infection with early antiretroviral therapy. *New England Journal of Medicine*, 365(6): 493-505
- Colfax G, Mansergh G, Guzman R, Vittinghoff E, Marks G, Rader M & Buchbinder S (2001)** Drug use and sexual risk behavior among gay and bisexual men who attend circuit parties: A venue-based comparison. *Journal of Acquired Immune Deficiency Syndromes*, 28(4): 373-373
- Colfax G, Vittinghoff E, Husnik M, McKirnan D, Buchbinder S, Koblin B, Celum C, Chesney M, Huang Y, Mayer K, Bozeman S, Judson F, Bryant K & Coates T (2004)** Substance use and sexual risk: A participant and episode-level analysis among a cohort of men who have sex with men. *American Journal of Epidemiology*, 159(10): 1002-1012
- Connell R (1987)** *Gender & power: Society, the person and sexual politics*. Cambridge: Polity Press
- Crawford J, Rodden P, Kippax S & Van de Ven P (2001)** Negotiated safety and other agreements between men in relationships: Risk practice redefined. *International Journal of STD & AIDS*, 12(3): 164-170
- Crepaz N & Marks G (1997)** Are negative affective states associated with HIV sexual risk behaviors? A meta-analytic review. *Health Psychology*, 20(4): 291-299
- Crepaz N, Marks G, Liau A, Mullins M, Aupont L, Marshall K, Jacobs E, Wolitski R for the HIV/AIDS Prevention Research Synthesis (PRS) Team (2009)** Prevalence of unprotected anal intercourse among HIV-diagnosed MSM in the United States: A meta-analysis. *AIDS*, 23(13): 1617-1629
- Crepaz N, Marks G, Mansergh G, Murphy S, Miller C & Appleby P (2000)** Age-related risk for HIV infection in men who have sex with men: Examination of behavioral, relationship and serostatus variables. *AIDS Education and Prevention*, 12(5): 405-415
- Crosby R, Holtgrave D, Stall R, Peterson J, Shouse L (2007)** Differences in HIV risk behaviors among black and white men who have sex with men. *Sexually Transmitted Diseases*, 34(10):744-748
- Crossley M (2002)** The perils of health promotion and the 'barebacking' backlash. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 6: 47-68
- Daar E, Little S, Pitt J, Santangelo J, Ho P, Harawa N, Kerndt P, Giorgi J, Bai J, Gaut P, Richman D, Mandel S, Nichols S (2001)** Diagnosis of primary HIV-1 infection. *Annals of Internal Medicine*, 134(1): 25-29
- Davidovich U, de Wit J & Stroebe W (2004)** Behavioral and cognitive barriers to safer sex between men in steady relationships: Implications for prevention strategies. *AIDS Education and Prevention*, 16(4): 304-314
- Davidovich U, de Wit J, Aklbrecht N, Gekus R, Stroebe W & Coutinho R (2001)** Increase in the share of steady partners as a source of HIV infection: A 17-year study of seroconversion among gay men. *AIDS*, 15(10): 1303-1308
- Davis M (2002)** HIV prevention rationalities and sero-status in the risk narratives of gay men. *Sexualities*, 5(3): 281-299
- Davis M, Hart G, Bolding G, Sherr L & Elford J (2006a)** E-dating, identity and HIV prevention: Theorising sexualities, risk and network society. *Culture, Health & Sexuality*, 28(4): 457-478
- Davis M, Hart G, Bolding G, Sherr L & Elford J (2006b)** Sex and the internet: Gay men, risk reduction and serostatus. *Culture, Health & Sexuality*, 8(2): 161-174
- Dean T (2000)** *Beyond Sexuality*. Chicago: The University of Chicago Press

- de Witt L & Ploeg J** (2006) Critical appraisal of rigour in interpretative phenomenological nursing research. *Methodological Issues in Nursing Research*, 55(2): 215-229
- Dean T** (2009) *Unlimited Intimacy: Reflections on the Subculture of Barebacking*. The Chicago University Press: Chicago
- Dodds J, Johnson A, Parry J, Mercey D** (2007) A tale of three cities: Persistent high HIV prevalence, risk behaviour and undiagnosed infection in community samples of men who have sex with men. *Sexually Transmitted Infections*, 83(5):392-6,
- Dodds J, Mercey D, Parry J & Johnson A** (2004) Increasing risk behaviour and high levels of undiagnosed HIV infection in a community sample of homosexual men. *Sexually Transmitted Infection*, 80: 236-240
- Dosekun O & Fox J** (2010) An overview of the relative risks of different sexual behaviours on HIV transmission. *Current Opinion in HIV & AIDS*, 5(4):291-297, July 2010.
- Dougan S, Elford J, Chadborn T, Brown A, Roy K, Murphy G, Gil O** (2007) Does the recent increase in HIV diagnoses among men who have sex with men in the UK reflect a rise in HIV incidence of increased uptake of HIV testing? *Sexually Transmitted Infections*, 83(2): 120-126
- Dowling M & Cooney A** (2012) Research approaches related to phenomenology: Negotiating a complex landscape. *Nurse Researcher*, 20(2): 21-27
- Drummond M & Filiault S** (2007) The long and short of it: Gay men's perceptions of penis size. *Gay and Lesbian Issues and Psychological Review*, 3(2): 121-129
- Dubois-Arber F, Jeannin A, Locicero S & Balthasar H** (2012) Risk reduction practices in men who have sex with men in Switzerland: Serosorting, strategic positioning, and withdrawal before ejaculation. *Archives of Sexual Behavior*, 41(5): 1263-1272.
- Dwyer S & Buckle J** (2009) The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, 8(1): 54-63
- Elam G, Macdonald N, Hickson F, Imrie J, Power R, McGarrigle C, Fenton K, Gilbert V, Ward H, Evans B** (2008) Risky sexual behaviour in context: Qualitative results from an investigation into risk factors for seroconversion among gay men who test for HIV. *Sexually Transmitted Infections*, 84: 473-477
- Elford J, Bolding J & Sherr L** (2001) Seeking sex on the internet and sexual risk behaviour among gay men using London gyms. *AIDS*, 15(11): 1409-1415
- Elford J, Doerner R, McKeown E, Nelson S, Anderson J & Low N** (2012). HIV infection among ethnic minority and migrant men who have sex with men in Britain. *Sexually Transmitted Diseases*, 39(9): 678-686
- Elwood W, Greene K & Carter K** (2003) Gentlemen don't speak: Communication norms and condom use in bathhouses. *Journal of Applied Communication Research*, 31(4): 277-297
- Engler K, Frigault L, Leobon A & Levy J** (2005) The sexual superhighway revisited: A qualitative analysis of gay men's perceived repercussions of connecting in cyberspace. *Journal of Gay & Lesbian Social Services*, 18(2): 3-37
- Erkstrand M, Stall R, Paul J, Osmond D & Coates T** (1999) Gay men report higher rates of unprotected anal sex with partners of unknown or discordant HIV status. *AIDS*, 13(12): 1525-1533
- Fade S** (2004) Using interpretative phenomenological analysis for public health nutrition and dietetic research: A practical guide. *Proceedings of the Nutritional Society*, 63(4): 647-653
- Fejes F** (2002) Bent passions: Heterosexual masculinity, pornography, and gay male identity. *Sexuality & Culture*, 6(3): 95-113
- Fernandez-Davila P & Lorca K** (2011) Trust and sexual interaction: The significance of the internet on the sex life and sexual behaviours of gay and bisexual men in Spain. *International Journal of Sexual Health*, 23(2): 120-138
- Festinger L** (1957) *A Theory of Cognitive Dissonance*. Stanford: Stanford University Press
- Fink K, Carson C & DeVellis R** (2002) Adult circumcision outcome study: Effect on erectile function, penile sensitivity, sexual activity and satisfaction. *The Journal of Urology*, 167(5): 2113- 2116
- Fisher M** (2007) Pre-exposure prophylaxis for HIV infection: It's not as easy as ABC. *Current Opinion in Infectious Diseases*, 20: 1-2
- Flores S, Mansergh G, Marks G, Guzman R & Colfax G** (2009) Gay identity-related factors and sexual risk among men who have sex with men in San Francisco. *AIDS Education and Prevention*, 21(2):91-103
- Flowers P & Duncan B** (2002) Gay men and sexual decision-making. *Journal of Community & Applied Social Psychology*, 12(3): 230-236
- Flowers P, Smith J, Sheeran P & Beail N** (1997) Health and romance: Understanding unprotected sex in relationships between gay men. *British Journal of Health Psychology*, 2: 73-86
- Flowers P** (2001) Gay men and HIV / AIDS risk management. *Health*, 5(1): 50-75
- Fontana A & Frey J** (2005) "The interview: From neutral stance to political involvement. *The Sage Handbook of Qualitative Research*, 3: 695-727.
- Fox J & Filder S** (2010) Sexual transmission of HIV-1. *Antiviral Research*, 85(1): 276-285
- Fox J, White P, MacDonald N, Weber J, McClure M, Filder S & Ward H** (2009) Reductions in HIV transmission risk behaviour following diagnosis of primary HIV infection: A cohort of high-risk men who have sex with men. *HIV Medicine*, 10(7): 432-438
- Fox N** (1999) Postmodernism and Embodiment. London: Free Association Books.
- Frasca T, Ventuneac A, Balan I & Caballo-Dieguez A** (2012) Inner contradictions among men who bareback. *Qualitative Health Research*, 22(7): 946-956
- French P** (2007). BASHH 2006 National Guidelines—consultations requiring sexual history-taking. *International journal of STD & AIDS*, 18(1), 17-22.
- Jacobs R & Kane M** (2012) Correlates of loneliness in midlife and older gay and bisexual men. *Journal of Gay & Lesbian Social Services*, 24(1): 40-61
- Frith H & Kitzinger C** (2001) Reformulating sexual script theory: Developing a discursive psychology of sexual negotiation. *Theory & Psychology*, 11(2): 209-232
- Frost D, Stirratt M & Ouellette S** (2008) Understanding why gay men seek HIV-seroconcordant partners: Intimacy and risk-reduction motivations. *Culture, Health & Sexuality*, 10(5):513-27. (June, 2008).
- Gagnon J & Simon W** (1973) *Sexual Conduct: The Social Sources of Sexuality*. London: Hutchinson & Co.
- Garcia-Lerma J, Paxton L, Kilmarx P & Heneine W** (2010) Oral pre-exposure prophylaxis for HIV prevention. *Trends in Pharmacological Sciences*, 31(2): 74-81
- Gauthier D & Forsyth C** (1999) Bareback sex, bug chasers and the gift of death. *Deviant behaviour: An Interdisciplinary Journal*, 20: 85-100

- George C, Alary M, Otis J, Demers E, Remis R, Masse B, Lavoie R, Vincelette J, Parent R, LeClerc R & Turmel B** (2006) Non-negligible increasing temporal trends in unprotected anal intercourse among men who have sex with men in Montreal. *Journal of Acquired Immune Deficiency Syndrome*, 42(2): 207-212
- Gil S** (2007) A narrative exploration of gay men's sexual practices as a dialectical dialogue. *Sexual and Relationship Therapy*, 22(1): 63-75
- Giorgi A** (1997) The theory, practice, and evaluation of the phenomenological method as a qualitative research. *Journal of Phenomenological Psychology*, 28(2): 235-261
- Glendon S** (1997) *My Turn: Riding Bareback*. (Accessed 141013)
http://www.poz.com/printView.php?page=/articles/241_12394.shtml&domain=www.poz.com
- Goffman E** (1959) *The Presentation of Self in Everyday Life*. London: Penguin Books
- Goldhammer H & Mayer K** (2011) Focusing on sexual health promotion to enhance preventive behaviors among gay men and other men who have sex with men: report from a state-of-the-art conference. *AIDS and Behavior*, 15: 1-8.
- Goodroad B, Kirksey K & Butensky E** (2000) Bareback sex and gay men: An HIV prevention failure. *Journal of the Association of Nurses in AIDS Care*, 11(6): 29-36
- Graydon M** (2007) Don't bother to wrap it: Online giftgivers and bugchaser newsgroups, the social impact of gift exchanges and the 'carnavalesque'. *Culture, Health & Sexuality*, 9(3): 277-292
- Greteman A** (2013) Fashioning a bareback pedagogy: Towards a theory of risky (sex) education. *Sex Education*, 13(S-1): 1-12
- Grov C** (2006) Barebacking websites: Electronic environments for reducing or inducing HIV risk. *AIDS Care*, 18(8): 990-997
- Grov C, Parsons J & Bimbi D** (2010) The association between penis size and sexual health among men who have sex with men. *Archives of Sexual Behavior*, 39(3): 788-797
- Grov C, Wells B & Parsons J** (2012) Self-reported penis size and experiences with condoms among gay and bisexual men. *Archives of Sexual Behavior*, Published online ahead of publication
- Grundy-Bowers M & Black A** (2012) Barebacking: Opinions of HIV-negative men who have sex with men. BASHH Conference (Brighton): Poster Presentation
- Grundy-Bowers M & Black A** (2012) Barebacking: Opinions of HIV-positive men who have sex with men. NHVNA Conference (Manchester): Oral Presentation
- Guss J** (2007) Men, anal sex and desire: Who wants what? *Psychoanalysis, Culture & Society*, 12: 38-43
- Hakim C** (2010) Erotic Capital. *European Sociological Review*, 0(0): 1-20
- Halkitis P** (2001) An exploration of perceptions of masculinity among gay men living with HIV. *The Journal of Men's Studies*, 9(3): 413-429
- Halkitis P & Parsons J** (2003) Intentional unsafe sex (barebacking) among HIV-positive gay men who seek sexual partners on the internet. *AIDS Care*, 15(3): 367-378
- Halkitis P** (2007) Behavioral patterns, identity, and health characteristics of self-identified barebackers: Implications for HIV prevention and intervention. *Journal of LGBT Health Research*, 3(1): 37-48.
- Halkitis P** (2010) Reframing HIV prevention for gay men in the United States. *American Psychologist*, 65(8): 752
- Halkitis P, Brockwell S, Siconolfi D, Moeller R, Sussman R, Mourgues P, Cutler B, Sweeney M** (2011) Sexual behaviors of adolescent emerging and young adult men who have sex with men ages 13-29 in New York City. *Journal of Acquired Immune Deficiency Syndromes*, 56(3):285-291
- Halkitis P, Green K, Mourgues P** (2005) Longitudinal investigation of methamphetamine use among gay and bisexual men in New York City: Findings from Project BUMPS. *Journal of Urban Health*, 82(Suppl):18-25
- Halkitis P, Green K & Wilton L** (2004) Masculinity, body image, and sexual behavior in HIV-seropositive gay men: A two-phased formative behavioral investigation using the internet. *International Journal of Men's Health*, 3(1): 27-42
- Halkitis P, Mukherjee P, & Palamar J** (2009). Longitudinal modelling of methamphetamine use and sexual risk behaviors in gay and bisexual men. *AIDS and Behavior*, 13(4): 783-791.
- Halkitis P, Parsons J & Wilton L** (2003) Barebacking among gay and bisexual men in New York City: Explanations for the emergence of intentional unsafe behavior. *Archives of Sexual Behavior*, 32(4): 351-357
- Halkitis P, Siconolfi D, Fumerton M & Barlup K** (2008) Facilitators of barebacking among emergent adult gay and bisexual men: Implications for HIV Prevention. *Journal of LGBT Health Research*, 4(1): 11-26
- Halkitis P, Wilton L & Drescher J** (eds) (2005) *Barebacking: Psychosocial and Public Health Approaches*. New York: The Haworth Medical Press
- Halkitis P, Wilton L & Galatowitsch P** (2005) What's in a term? How gay and bisexual men understand barebacking. *Journal of Gay & Lesbian Psychotherapy*, 9(3/4): 35-48
- Halkitis P, Wolitski R & Millet G** (2013) A holistic approach to addressing HIV infection disparities in gay, bisexual, and other men who have sex with men. *American Psychologist*, 68(4): 261
- Hallett T, Smit C, Garnett G & de Wolf F** (2011) Estimating the risk of HIV transmission from homosexual men receiving treatment to their HIV-uninfected partners. *Sexually Transmitted Infection*, 87(1): 17- 21
- Halperin D** (2007) *What Do Gay Men Want?: An Essay of Sex, Risk, and Subjectivity*. Michigan: The University of Michigan Press
- Hart G & Elford J** (2010) Sexual risk behaviour of men who have sex with men: Emerging patterns and new challenges. *Current Opinion in Infectious Diseases*, 23 (1): 39-44
- Hart T, Wolitski R, Purcell D, Gomez C & Halkitis P** (2003) Sexual behavior among HIV-positive men who have sex with men: What's in a label? *The Journal of Sex Research*, 40(2): 179-188
- Hartman A & Laird J** (1998) Moral and ethical issues in working with lesbians and gay men. *Families in Society*, 79(3): 263-277
- Harvey D** (2011) Calculating risk: Barebacking, the queer male subject, and the de/formation of identity politics. *Discourse*, 33(2): 156-183
- Health Protection Agency** (2008) *Sexually Transmitted Infections Among Over 45s on the Increase: Report*.
<http://www.hpa.org.uk/NewsCentre/NationalPressReleases/2008PressReleases/080627sti/>
- Health Protection Agency** (2009) *Syphilis and Lymphogranuloma Venereum: Resurgent Sexually Transmitted Infections in the UK*. London: Health Protection Services, Collindale.
- Health Protection Agency** (2012) *HIV in the United Kingdom: 2012 Report*. London: Health Protection Services, Collindale.
- Heath J, Lanoye A & Maisto S** (2012) The role of alcohol and substance use in risky sexual behavior among older men who have sex with men: A review and critique of the current literature. *AIDS and Behavior*, 16(3): 578-589

- Hellawell D** (2006) Inside-out: analysis of the insider-outsider concept as a heuristic device to develop reflexivity in students doing qualitative research. *Teaching in Higher Education*, 11(4): 483-494
- Higgins J & Hirsch J** (2007) The pleasure deficit: Revising the "sexuality connection" in reproductive health. *International Family Planning Perspectives*, 33(3): 133-139
- Ho P & Tsang A** (2000) Negotiating anal intercourse in inter-racial gay relationships in Hong Kong. *Sexualities*, 3(3): 299-323
- Hoff C, Faigles B, Wolitski R, Purcell D, Gomez C & Parsons J** (2004) Sexual risk of HIV transmission is missed by traditional methods of data collection. *AIDS*, 18(2): 340-342
- Holmes D, Gasaldo D, O'Byrne P & Lombardo A** (2008) Bareback sex: A conflation of risk and masculinity. *International Journal of Men's Health*, 7(2): 171-191
- Holmes D & Waner D** (2005) The anatomy of a forbidden desire: Men, penetration and semen exchange. *Nurse Inquiry*, 12(1): 10-20
- Hoppe T** (2011) Circuits of power, circuits of pleasure: Sexual scripting in gay men's bottom narratives. *Sexualities*, 14(2): 193-217
- Horvath K, Oakes J & Rosser B** (2008) Sexual negotiation and HIV serodisclosure among men who have sex with men with their online and offline partners. *Journal of Urban Health*, 85(5):744-58
- Hubach R, DiStefano A & Wood M** (2012) Understanding the influence of loneliness on HIV risk behaviour in young men who have sex with men. *Journal of Gay & Lesbian Social Services*, 24(4): 371-395
- Huebner D, Proescholdbell R & Nemeroff C** (2006) Do gay and bisexual men share researchers' definitions of barebacking? *Journal of Psychology & Human Sexuality*, 18(1): 67-77
- Humphrey C** (2007) Insider-outsider Activating the hyphen. *Action Research*, 5(1): 11-26
- Irvine J** (2003) Introduction to "sexual scripts": Origins, influences and changes. *Qualitative Sociology*, 26(4): 489-490
- Jacobs R, Fernandez M, Ownby R, Bowen S, Hardigan P & Kane M** (2010) Factors associated with risk for unprotected receptive and insertive anal intercourse in men aged 40 and older who have sex with men. *AIDS Care*, 22(10): 1204-1211
- Jaffe H, Valdiserri R & De Cock K** (2007) The re-emerging HIV / AIDS epidemic in men who have sex with men. *JAMA*, 298(2): 2412-2414
- Jameson D, Celum C, Manhart L, Menza T, Golden M** (2010) The association between lack of circumcision and HIV, HSV-2, and other sexually transmitted infections among men who have sex with men. *Sexually Transmitted Diseases*, 37(3):147-152, March 2010.
- Jarama S, Kenamer J, Poppen P, Hendricks M & Bradford J** (2005) Psychosocial, behavioral, and cultural predictors of sexual risk for HIV infection among Latino men who have sex with men. *AIDS and Behavior*, 9(4): 513-523
- Jin F, Crawford J, Prestage G, Zablotska I, Imrie J, Kippax S, Kaldor J, Grulich A** (2009) Unprotected anal intercourse, risk reduction behaviours, and subsequent HIV infection in a cohort of homosexual men. *AIDS*, 23(2):243-52
- Johnson M** (2010) "Just getting off": The inseparability of ejaculation and hegemonic masculinity. *The Journal of Men's Studies*, 18(3): 238-248
- Jones R** (2006) Reliability and validity of the sexual pressure scale. *Research in Nursing & Health*, 29(4): 281-293
- Junge B** (2002) Bareback sex, risk, and eroticism: Anthropological themes (re-)surfacing in the post-AIDS era. In Lewin E & Leep W, *Out in Theory: The Emergence of Lesbian and Gay Anthropology*. Illinois: University of Illinois Press.
- Kalichman S, Kelly J, Morgan M & Rompa D** (1997) Fatalism, current life satisfaction, and risk for HIV infection among gay and bisexual men. *Journal of Consulting and Clinical Psychology*, 65(4): 542-546
- Kanuha V** (2000) "Being" native versus "going native": Conducting social work research as an insider. *Social Work*, 45(5): 439-447
- Katz M, Schwarcz S, Kellogg T, Klausner J, Dilley J, Gibson S & McFarland W** (2002) Impact of highly active antiretroviral treatment on HIV seroincidence among men who have sex with men: San Francisco. *American Journal of Public Health*, 92(3): 388-394
- Kimmel M (ed)** (2007) *The Sexual Self: The Construction of Sexual Scripts*. Nashville: Vanderbilt University Press
- Kippax S & Smith G** (2001) Anal intercourse and power in sex between men. *Sexualities*, 4(4), 413-434.
- Kippax S & Stephenson N** (2012) Beyond the distinction between biomedical and social dimensions of HIV prevention through the lens of social public health. *American Journal of Public Health*, 102(5): 789-799
- Kippax S** (2012) Effective HIV prevention: the indispensable role of social science. *Journal of the International AIDS Society*, 15(2): 1-8
- Kippax S, Campbell D, Van de Ven P, Crawford J, Prestage G, Knox S, Culpin A, Kaldor J, Kinder P** (1998) Cultures of sexual adventurousism as makers of HIV seroconversion: A case control study in a cohort of Sydney gay men. *AIDS Care*, 10(6): 677-688
- Kippax S, Crawford J, Davis M, Rodden P & Dowsett G** (1993) Sustaining safe sex: A longitudinal study of a sample of homosexual men. *AIDS*, 7(2): 257-263
- Kippax S, Noble J, Prestage G, Crawford J, Cambell D, Baxter D, Cooper D** (1997) Sexual negotiation in the AIDS era: Negotiated safety revisited. *AIDS*, 11 (2): 191-197
- Klimas N, Koneru A & Fletcher M** (2008) Overview of HIV. *Psychosomatic Medicine*, 70(5): 523-530
- Knox D, Vail-Smith K & Zusman M** (2007) The lonely college male. *The International Journal of Men's Health*, 6(3): 273-279
- Koblin B, Chesney M, Husknik M, Bozeman S, Celum C, Buchbinder S, Mayer K, McKirnan D, Judson F, Huang Y & Coates T** (2003) High-risk behaviors among men who have sex with men in 6 US Cities: Baseline data from the EXPLORE Study. *American Journal of Public Health*, 93(6): 926-932
- Kuyper L & Fokkema T** (2010) Loneliness among older lesbian, gay, and bisexual adults: The role of minority stress. *Archives of Sexual Behaviour*, 39(5): 1171-1180
- Kuyper L, Lampinen T, Chan K, Miller M, Schilder A & Hogg R** (2005) Similar sexual behaviors with casual partners among gay men with and without regular partners. *Sexually Transmitted Diseases*, 32(3):203-205
- Lambert G, Cox J, Hottes T, Tremblay C, Frigault L, Alary M, Otis J, Remis R & The M-Track study group** (2011) Correlates of unprotected anal sex at last sexual episode: Analysis from a surveillance study of men who have sex with men in Montreal. *AIDS Behavior*, 15(3): 584-595
- Larkin M, Watts S & Clifton E** (2006) Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2): 102-120
- Lattimore S, Thornton A, Delpech V, Elford J** (2011) Changing patterns of sexual risk behavior among London gay men: 1998-2008. *Sexually Transmitted Diseases*, 38 (3): 221-229

- Laumann E, Masi C & Zuckerman E** (1997) Circumcision in the United States: Prevalence, prophylactic effects, and sexual practice. *JAMA*, 277(13): 1052-1057.
- Leigh B & Stall R** (1993) Substance use and risky sexual behavior for exposure to HIV. *American Psychologist*, 48(10): 1035-1045
- Lemert C & Branaman A** (1997) *The Goffman Reader*. Oxford: Blackwell
- Li H, Lau J, Holroyd E & Yi H** (2010) Sociocultural facilitators and barriers to condom use during anal sex among men who have sex with men in Guangzhou, China: An ethnographic study. *AIDS Care*, 22(12): 1481-1486
- Lo S, Reisen C, Poppen P, Bianchi F & Zea M** (2011) Cultural beliefs, partner characteristics, communication, and sexual risk among Latino MSM. *AIDS Behavior*, 15(3): 613-620
- Ma W, Ding X, Lu H, Ma X, Xia D, Lu R, Xu J, He X, Feng L, Fan S, Sun J, Wilson E, Raymond H & McFarland W** (2013) HIV risk perception among men who have sex with men in two municipalities of China - Implications for education and intervention. *AIDS Care*, 25(3): 385-389
- MacKellar D, Valleroy L, Anderson J, Behel S, Secura G, Bingham T, Celentano D, Koblin B, LaLota M, Shehan D, Thiede H, Torian L & Janssen R** (2006) Recent HIV testing among young men who have sex with men: Correlates, contexts, and HIV seroconversion. *Sexually Transmitted Diseases*, 33(3): 183-192
- Mackesy-Amitis M, Fendrich M & Johnson T** (2008) Prevalence of recent illicit substance use and reporting bias among MSM and other urban males. *Addictive Behavior*, 33(8): 1055-1060
- Mah K & Binik Y** (2005) Are orgasms in the mind or body? Psychosocial versus physiological correlates of orgasmic pleasure and satisfaction. *Journal of Sex & Marital Therapy*, 31(3): 187-200
- Malebranche D, Fields E, Bryant L & Harper S** (2009) Masculine socialization and sexual risk behaviors among Black men who have sex with men: A qualitative exploration. *Men and Masculinities*, 12(1): 90-112
- Mansergh G, Marks G, Colfax G, Guzman R, Rader M & Buchbinder S** (2002). 'Barebacking' in a diverse sample of men who have sex with men. *AIDS*, 16(4):653-659
- Martin J & Knox J** (1997a) Self-esteem instability and its implications for HIV prevention among gay men. *Health & Social Work*, 22(4): 264-273
- Martin J & Knox J** (1997b) Loneliness and sexual risk behavior in gay men. *Psychological Reports*, 81(3 part 1): 815-825
- Mautz B, Wong B, Peters R & Jennions M** (2013) Penis size interacts with body shape and height to influence male attractiveness. *PNAS*, 110(17): 6925-6930
- Martin J** (2006) Transcendence among gay men: implications for HIV prevention. *Sexualities*, 9(2): 214-235
- McCormack B & McCance T** (2006) Development of a framework for person-centred nursing. *Journal of Advanced Nursing*, 56(5): 472-479
- McInnes D, Bradley J & Prestage G** (2011) Responsibility, risk and negotiation in the discourse of gay men's group sex. *Culture, Health & Sexuality*, 13(1) 73-87
- McKirnan D & Peterson P** (1989) Alcohol and drug use among homosexual men and women: Epidemiology and population characteristics. *Addictive Behaviors*, 14(5): 545-553
- Meyer I** (2003) Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5): 674-697
- Meyer M & Champion J** (2008) Motivators of HIV risk-taking behavior of young gay Latino men. *Journal of American Psychiatric Nurses Association*, 14(4): 310-316
- Miller W, Rosenberg N, Rutstein S & Powers K** (2010) Role of acute and early HIV infection in the sexual transmission of HIV. *Current Opinion in HIV and AIDS*, 5(4): 277-282
- Millett G, Flores S, Peterson J & Bakeman R** (2007) Explaining disparities in HIV infection among black and white men who have sex with men: a meta-analysis of HIV risk behaviors. *AIDS*, 21(15): 2083-2091
- Ministry of Justice** (2003) *The Data Protection Act*. <http://www.legislation.gov.uk/ukpga/1998/29> (accessed 31/12/2013)
- Moir S, Chun T & Fouci A** (2008) Immunology and pathogenesis of human immunodeficiency virus infection in Holmes K, Spring P, Stamm W, Piot P, Wasserheit J, Corey L & Cohen M (eds) *Sexually Transmitted Diseases*. McGraw Hill
- Moore L** (2002) Extracting men from semen: Masculinity in scientific representations of sperm. *Social Text*, 20(4): 91-119
- Moskowitz D & Hart T** (2011) The influence of physical body traits and masculinity on anal sex roles in gay and bisexual men. *Archives of Sexual Behavior*, 40(4): 835-841
- Moskowitz D, Rieger G & Roloff M** (2008) Tops, bottoms and versatiles. *Sexual and Relationship Therapy*, 23(3): 191-202
- Moskowitz D & Roloff M** (2007b) The existence of a bug chasing subculture. *Culture, Health & Sexuality*, 9(4): 347-357
- Moskowitz D, Seal D, Rintamaki L & Rieger G** (2011) HIV in the leather community: Rates and risk-related behaviors. *AIDS Behavior*, 15(3): 557-564
- Munoz-Laboy M, Hirsch J & Quispe-Lazaro A** (2009) Loneliness as a sexual risk factor for male Mexican migrant workers. *American Journal of Public Health*, 99(5): 802-810
- Mutchler M** (2000) Young gay men's stories in the States: Scripts, sex, and safety in the time of AIDS. *Sexualities*, 3(1): 31-54
- Naisteter M & Sitron J** (2010) Minimising harm and maximizing pleasure: Considering the harm reduction paradigm for sexuality education. *American Journal of Sexuality Education*, 5(2): 101-115
- Natale A** (2009) Denver MSM sociostructural factors: Preliminary findings of perceived HIV risk. *Journal of HIV/AIDS & Social Services*, 8(1): 35-59
- Natale P** (2009b) HIV/AIDS Prevention: MSM wants, desires, and needs. *Journal of Gay & Lesbian Social Services*, 21(1): 49-72
- National Institute for Health & Clinical Excellence** (2007) One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. <http://www.nice.org.uk/guidance/ph3/resources/preventing-sexually-transmitted-infections-and-reducing-under18-conceptions-draft-guidance-for-consultation2> (accessed 24/11/2014)
- National Institute for Health & Clinical Excellence** (2011) *Increasing the Uptake of HIV Testing Among Men Who Have Sex With Men*. <http://www.nice.org.uk/nicemedia/live/13413/53675/53675.pdf> (accessed 31/12/13)
- O'Byrne P & Holmes D** (2011) Desire, drug use and unsafe sex: A qualitative examination of gay men who attend gay circuit parties. *Culture, Health & Sexuality*, 13(1): 1-13
- O'Hara S** (1997) *Autopornography: A Memoir of Life in the Lust Lane*. New York: Harrington Park Press

Osmond D, Pollack L, Paul J, Catania J (2007) Changes in prevalence of HIV infection and sexual risk behavior in men who have sex with men in San Francisco: 1997-2002. *American Journal of Public Health*, 97(9):1677-1683

Parsons J & Bimbi D (2007) Intentional unprotected anal intercourse among men who have sex with men: Barebacking - from behavior to identity. *AIDS & Behavior*, 11(2): 277-87

Parsons J, Halkitis P, Wolitski R, Gomez C, & the Seropositive Urban Men's Study Team (2003) Correlates of sexual risk behaviors among HIV-positive men who have sex with men. *AIDS Education and Prevention*, 15(5): 383-400

Parsons J, Severino J, Nanin J, Punzalan J, von Sternberg K, Missildine W & Frost D (2006) Positive, negative, unknown: Assumptions of HIV status among HIV-positive men who have sex with men. *AIDS Education and Prevention*, 18(2): 139-149

Perdue T, Hagan H, Thiede H & Valleroy L (2003) Depression and HIV risk behavior among Seattle-area injection drug users and young men who have sex with men. *AIDS Education and Prevention*, 15(1): 81-92

Peterson J, Bakeman R, Blackshear J & Stokes J (2003) Perceptions of condom use among African American men who have sex with men. *Culture, Health & Sexuality*, 5(5): 409-424

Phang C, Hocking J, Fairley C, Bradshaw C, Hayes P & Chen M (2008) More than just anal sex: The potential for sexually transmitted infection transmission among men visiting sex-on-premises venues. *Sexually Transmitted Infections*, 84(3): 217-219

Pilcher C, Tien H, Eron J, Vernazza P, Leu S, Stewart P, Goh L & Cohen M (2004) Brief by efficient: Acute HIV infection and the sexual transmission of HIV. *Journal of Infectious Diseases*, 189(10): 1785-1792

Platzer H & James T (1997) Methodological issues conducting sensitive research on lesbian and gay men's experiences of nursing care. *Journal of Advanced Nursing*, 25(3): 626-633

Pollock J & Halkitis P (2011) Environmental factors in relation to unprotected sexual behavior among gay, bisexual, and other MSM. *AIDS Education & Prevention*, 21(4): 340-355

Poon M & Ho P (2008) Negotiating social stigma among gay Asian men. *Sexualities*, 11(1-2): 245-268

Pratt M (2012) The utility of human sciences in nursing inquiry. *Nurse Researcher*, 19(3): 12-15

Pratt R (2003) *HIV & AIDS: Foundations in Nursing and Healthcare Practice (5th Ed)*. Raton: Taylor & Francis.

Prestage G, Van de Ven P, Grulich A, Kippax S, McInnes D & Hendery O (2001) Gay men's casual sex encounters: Discussing HIV and using condoms. *AIDS Care*, 13(3): 277-284

Pryce A (2001a) 'Some people live out their own snuff movie': Knowledge, safer sex and desire in the city. *Sexual and Relationship Therapy*, 16(1): 15-34

Public Health England (2013) *HIV in the United Kingdom 2013 Report: Data till the end 2012*. London: Public Health England

Race K (2007) Gay men and the risk of HIV prevention. In Hannah-Moffat K & O'Malley P (eds) *Gendered Risks*. New York: Routledge.

Reisner S, Mimiaga M, Case P, Johnson C, Safren S, Mayer K (2009) Predictors of identifying as a barebacker among high-risk New England HIV seronegative men who have sex with men. *Journal of Urban Health*, 86(2):250-62

Remien R, Carballo-Dieguez A & Wagner G (1995) Intimacy and sexual risk behaviour in serodiscordant male couples. *AIDS Care*, 7(4): 429-438

Rhodes T & Cusick L (2000) Love and intimacy in relationships risk management: HIV positive people and their sexual partners. *Sociology of Health & Illness*, 22(1): 1-26

Rhodes T & Cusick L (2002) Accounting for unprotected sex: Stories of agency and acceptability. *Social Science & Medicine*, 55(2): 211-226

Richters J (2007) Through a hole in a wall: Setting and interaction in sex-on-premises venues. *Sexualities*, 10(3): 275-297

Ridge D (2004) 'It was an incredible thrill': The social meanings and dynamics of younger gay men's experiences of barebacking in Melbourne. *Sexualities*, 7(3): 259-279

Rusch M, Lampinen T, Schilder A & Hogg R (2004) Unprotected anal intercourse associated with recreational drug use among young men who have sex with men depends on partner type and intercourse role. *Sexually Transmitted Diseases*, 31(8): 429-498

Russell J (2005) Bio-power and biohazards: A projective system of gay men's community-based HIV prevention. *Culture, Health & Sexuality*, 7(2): 145-158

Scanavino M (2011) Sexual dysfunctions of HIV-positive men: Associated factors, pathophysiology issues, and clinical management. *Advances in Urology* <http://www.hindawi.com/journals/au/2011/854792/> (accessed 31/12/13)

Schilder A, Orchard T, Buchner C, Miller M, Fernandes K, Hogg R & Strathdee S (2008) 'It's like the treasure': Beliefs associated with semen among young HIV-positive and HIV-negative gay men. *Culture, Health & Sexuality*, 10(7): 667-679

Senkul T, Iseri C, Sen B, Karademir K, Saracoglu F & Erden D (2004) Circumcision in adults: Effects on sexual function. *Urology*, 63(1): 155-158

Serrant-Green L (2002) Black on black: methodological issues for black researchers working in minority ethnic communities. *Nurse researcher*, 9(4): 30-44

Sherhoff M (2005) The sociology of barebacking. *The Gay and Lesbian Review Worldwide*, 12(1): 33-38

Sherhoff M (2006) Condomless sex: Gay men, barebacking, and harm reduction. *Social Work*, 51(2): 106-113

Sherhoff M (2006a) *Without condoms: Unprotected Sex, Gay Men & Barebacking*. New York: Routledge.

Shidlo A, Yi H & Dalit B (2005) Attitudes towards unprotected anal intercourse: Assessing HIV-negative gay and bisexual men. *Journal of Gay and Lesbian Psychotherapy*, 9 (3/4): 107-128

Shuper P & Fisher W (2008) The role of sexual arousal and sexual partner characteristics in HIV + MSM's intentions to engage in unprotected sexual intercourse. *Health Psychology*, 27(4): 445-454

Siegel K, Schrimshaw E, Lekas H, & Parsons J (2008) Sexual behaviors of non-gay identified non-disclosing men who have sex with men and women. *Archives of Sexual Behavior*, 37(5): 720-735

Siegfried N, Muller M, Deeks J & Volmink J (2009) Male circumcision for prevention of heterosexual acquisition of HIV in men. *Cochrane Database Syst Rev*, 2.

SIGMA (2008) *The Gay Men's Sex Survey 2008 (England)*. London: SIGMA

SIGMA (2011) *The Gay Men's Sex Survey 2010 (England)*. London: SIGMA

Silvestre A (1994) Brokering: A process for establishing long-term and stable links with gay male communities for research and public health education. *AIDS Education and Prevention*, 6(1):65-73

Simon W & Gagnon J (1984) Sexual scripts. *Society*, 53-60

Simon W & Gagnon J (2003) Sexual scripts: Origins, influences and changes. *Qualitative Sociology*, 26(4): 491-497

Simone M & Appelbaum J (2008) HIV in older adults. *Geriatrics*, 63 (12): 6-12

Smith D, Richman D & Little S (2005) HIV superinfection. *Journal of Infectious Diseases*, 192(3): 438-444

Smith J (2004) Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1): 39-54

Smith J & Osborn M (2003) *Interpretative phenomenological analysis*. In Smith J (ed) *Qualitative Psychology: A Practical Guide to Methods*. London: Sage

Smith R, Delpech V, Brown A & Rice B (2010) HIV transmission and high rates of late diagnoses among adults aged 50 years and over. *AIDS*, 24(13): 2109-2115

Smuts A (2011) The feels good theory of pleasure. *Philosophical Studies*, 155(2): 241-265

Snowden J, Raymond H & McFarland W (2009) Prevalence of seroadaptive behaviours of men who have sex with men, San Francisco 2004. WHY IS 2004 REFERENCED HERE? IS THIS PART OF THE TITLE OF THE ARTICLE? *Sexually Transmitted Infections*. 85(6):469-76

Strong D, Bancroft J, Carnes L, Davis L & Kennedy J (2005) The impact of sexual arousal on sexual risk-taking: A qualitative study. *The Journal of Sex Research*, 42(3): 185-191

Stueve A, O'Donnell L, Duran R, Doval A & Geier J (2002) Being high and taking sexual risks: Findings from a multisite survey of urban young men who have sex with men. *AIDS Education and Prevention*, 14(6) 482-495

Sullivan P, Salazar L, Buchbinder S, Sanchez T (2009a) Estimating the proportion of HIV transmissions from main sex partners among men who have sex with men in five US cities. *AIDS*, 23(9):1153-1162

Taylor J (2011) The intimate insider: negotiating the ethics of friendship when doing insider research. *Qualitative Research*, 11(1): 3-22

Templeton D, Jin F, Mao L, Prestage G, Donovan B, Imrie J, Kippax S, Kaldor J, Grulich A (2009b) Circumcision and risk of HIV infection in Australian homosexual men. *AIDS*, 23(17):2347-51

Templeton D, Jin F, Prestage G, Donovan B, Imrie J, Kippax S, Cunningham P, Kaldor J, Mindel A, Cunningham A, Grulich A (2009a) Circumcision and risk of sexually transmissible infections in a community-based cohort of HIV-negative homosexual men in Sydney, Australia. *Journal of Infectious Diseases*, 200(12):1813-9.

Templeton D, Millet G & Grulich A (2010) Male circumcision to reduce the risk of HIV and sexually transmitted infections among men who have sex with men. *Current Opinion in Infectious Diseases*, 23 45-52

The EMIS Network (2013) EMIS 2010: *The European Men-Who-Have-Sex-With-Men Internet Survey. Findings from 38 countries*. Stockholm: European Centre for Disease Prevention and Control.

Theodore P, Duran R, Antoni M & Fernandez M (2004) Intimacy and sexual behavior among HIV-positive men-who-have-sex-with-men in primary relationships. *AIDS & Behavior*, 8(3): 321331

There is some information missing here transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups.

<http://www.nice.org.uk/nicemedia/live/11377/31899/31899.pdf> (accessed 31/12/13)

Torres H & Gore-Felton C (2007) Compulsivity, substance use, and loneliness: The loneliness and sexual risk model (LSRM). *Sexual Addiction & Compulsivity*, 14(13): 63-75

UNAIDS (2007) *New Data on Male Circumcision and HIV Prevention: Policy and Programme Implications*. http://data.unaids.org/pub/Report/2007/mc_recommendations_en.pdf (accessed 30/12/11)

Underwood S (2003) *Gay Men and Anal Eroticism: Tops, Bottoms, and Versatiles*. New York: Harrington Press

Unluer S (2012) Being an insider researcher while conducting case study research. *The Qualitative Report*, 17(58): 1-14

Vallabhaneni S, Xin L, Vittinghoff E, Donnell D, Pilcher C & Buchbinder S (2012) Seroadaptive practices: Association with HIV acquisition among HIV-negative men who have sex with men. *PLOS One*, 7(9): 1-6

Van de Ven P, Mao L & Prestage G (2004) Gay Asian men in Sydney resist international trend: No change in rates of unprotected anal intercourse 1999-2002. *AIDS Education and Prevention*, 16(1): 1-12

Van de Ven P, Mao L, Frogarty A, Rawstorne P, Crawford J, Prestage G, Grulich A, Kaldor J & Kippax S (2005) Undetectable viral load is associated with sexual risk taking in HIV serodiscordant gay couples in Sydney. *AIDS*, 19(2): 179-184

Van de Ven P, Prestage G, French J, Knox S & Kippax S (1998) Increase in unprotected anal intercourse with casual partners among Sydney gay men in 1996-98. *Australian and New Zealand Journal of Public Health*, 22(7): 814-818

Van Kesteren N, Hoppers H & Kok G (2007) Sexual risk behavior among HIV-positive men who have sex with men: A literature review. *Patient Education & Counseling*, 65(1): 5-20

Vernazza P, Troiani L, Felpp M, Cone R, Schnock J, Roth F, Boggian K, Cohen M, Fiscus S, Eron J and the Swiss HIV Cohort Group (2000) Potent antiretroviral treatment of HIV-infection results in suppression of the seminal shedding of HIV. *AIDS*, 14(2):117-121

Vittinghoff E, Douglas J, Judson F, McKirnan D, MacQueen K & Buchbinder S (1999) Pre-contact risk of human immunodeficiency virus transmission between male sexual partners. *American Journal of Epidemiology*, 150(3): 306-311

Ward H & Ronn M (2010) Contribution of sexually transmitted infections to the sexual transmission of HIV. *Current Opinion in HIV and AIDS*, 5(4) 305-310

Weatherburn P, Davies P, Hickson F, Hunt A, McManus T & Coxon A (1993) No connection between alcohol use and unsafe sex among gay and bisexual men. *AIDS*, 7(1): 115-119

Webster R, Darrow W, Paul J, Roark R, Woods W & Stempel R (2003) HIV infection and associated risks among young men who have sex with men in a Florida resort community. *Journal of Acquired Immune Deficiency Syndrome*, 33(2): 223-231

Wegesen D & Meyer-Bahlburg H (2000) Top/bottom self-label, anal sex practices, HIV risk and gender role identity in gay men in New York City. *Journal of Psychology & Human Sexuality*, 12(3): 43-62

Wei C & Fisher R (2011) Preference for and maintenance of anal sex roles among men who have sex with men: sociodemographic??IS THIS CORRECT and behavior correlates. *Archives of Sexual Behaviour*, 40(4): 829-834

Wei C & Raymond H (2011) Preference for and maintenance of anal sex roles among men who have sex with men: Sociodemographic and behavioral correlates. *Archives of sexual behavior*, 40(4): 829-834

Wei C, Raymond F, McFarland W, Buchbinder S, Fuchs J (2011) What Is the potential impact of adult circumcision on the HIV epidemic among men who have sex with men in San Francisco? *Sexually Transmitted Diseases*, 38(4):353-355

- Tobian A, Gray R & Quinn T** (2010) Male circumcision for the prevention of acquisition and transmission of sexually transmitted infections: The case for neonatal circumcision. *Archives of Pediatrics & Adolescent Medicine*, 164(1):78-84, January 2010.
- Whittier D & Melendez R** (2004) Intersubjectivity in the intrapsychic sexual scripting of gay men. *Culture, Health & Sexuality*, 6(2): 131-143
- Williams M, Elwood W & Bowen A** (2000) Escape the risk: A qualitative exploration of relapse to unprotected anal sex among men who have sex with men. *Journal of Psychology & Human Sexuality*, 11(4): 25-49
- Willig C** (2001) *Introducing Qualitative Research in Psychology: Adventures in theory and method*. Buckingham: Open University Press.
- Wilson P, Valera P, Ventuneac A, Balan I, Rowe M & Carballo-Diéguez A** (2009) Race-based sexual stereotyping and sexual partnering among men who use the internet to identify other men for bareback sex. *Journal of sex research*, 46(5): 399-413
- Wilton L, Halkitis P, English G & Roberson M** (2005) An exploratory study of barebacking, club drug use, and meanings of sex in Black and Latino gay and bisexual men in the age of AIDS. *Journal of Gay & Lesbian Psychotherapy*, 9(3-4): 49-72
- Wim V, Christiana N & Marie L** (2014) Syndemic and other risk factors for unprotected anal intercourse among an online sample of Belgian HIV-negative men who have sex with men. *AIDS and Behavior*, 18(1): 50-58
- Wiysonge C, Kongnyuy E, Shey M, Muula A, Navtis O, Akl E & Lo Y** (2011) Male circumcision for prevention of homosexual acquisition of HIV in men (Review). *The Cochrane Collaboration*. London: Wiley & Sons
- Wolitski R** (2005) The emergence of barebacking among gay and bisexual men in the United States: A public health perspective. *Journal of Gay & Lesbian Psychotherapy*, 9(3-4): 9-34
- Wolitski R, Gomez C & Parsons J** (2005) Effects of a peer-led behavioral intervention to reduce HIV transmission and promote serostatus disclosure among HIV-seropositive gay and bisexual men. *AIDS*, 19(S1): S99-S109
- World Health Organisation** (2009) *AIDS Epidemic Update*. <http://www.who.int/hiv/pub/epidemiology/epidemic/en/> (accessed 31/12/2013)
- Worth H, Reid A & McMillan K** (2002) Somewhere over the rainbow: Love, trust and monogamy in gay relationships. *Journal of Sociology*, 38(3): 273-253
- Xiridou M, Geskus R, de Wit J, Coutinho R & Kretzschmar M** (2003) The contribution of steady and casual partnerships to the incidence of HIV infection among homosexual men in Amsterdam. *AIDS*, 17(7): 1029-1038
- Yardley L** (2000) Dilemmas in qualitative health research. *Psychology and Health*, 15(2): 215-228
- Yep G, Lovass K & Pagonis A** (2002) The case of 'ridging bareback': Sexual practices and paradoxes of identity in the era of AIDS. *Journal of Homosexuality*, 42(4): 1-14
- Young H, Manavi K & McMillan A** (2003) Evaluation of ligase chain reaction for the non-cultural detection of rectal and pharyngeal gonorrhoea in men who have sex with men. *Sexually Transmitted Infections*, 79(6): 484-486
- Zea M, Reisen C & Diaz R** (2003) Methodological issues in research on sexual behavior with Latino gay and bisexual men. *American Journal of Community Psychology*, 31(3/4): 281-291
- Zheng L, Hart T & Zheng Y** (2012) The relationship between intercourse preference positions and personality traits among gay men in China. *Archives of Sexual Behaviour*, 41(3): 683-689
- Zinn M** (1979) Field research in minority communities: Ethical, methodological and political observations by an insider. *Social Problems*: 209-219
- Zucherman R, Whittington W, Celum C, Collis T, Lucchetti A, Sabnchez J, Hughes J, Sanchez J & Coombs R** (2004) Higher concentration of HIV RNA in rectal mucosa secretions than in blood and seminal plasma, among men who have sex with men, independent of antiretroviral therapy. *Journal of Infectious Diseases*, 190(1): 156-161

APPENDICES

APPENDIX 1: LIST OF SUPPORT SERVICES

List of support

Domestic violence

Web: www.mankind.org.uk
(T) 01823 334244

Drug and alcohol

Frank

Web: www.talktofrank.com
(T) 0800 77 66 00

Drug and alcohol services

Web: www.dasl.org.uk
(T) 020 8257 3068

Gay switch board

Web: www.llgs.org.uk

Healthcare

General

For general health problems you can see your general practitioner (GP) General practitioner or attend an NHS Walk in service for your local NHS walk in service

To find you nearest NHS walk in service Web:
www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcare/reservices/pages/Walk-incentresSummary.aspx

Or for advice you can call NHS direct on 0845 46 47 or go to their web site on:
<http://www.nhsdirect.nhs.uk>

Sexual Health

British Association for Sexual Health & HIV

To find your local sexual health service go to the BASHH website enter your post code and it will give you the local clinic to w your location

Web: www.bashh.org/clinics

Mental Health Issues

Mind

Web: <http://www.mind.org.uk>

(T) 0845 766 0163

Samaritans

Web: www.samaritans.org

e-mail: jo@samaritans.org.uk

(T) 08457 90 90 90

HIV prevention

Terrence Higgins Trust

Web: www.tht.org.uk

e-mail: info@tht.org.uk

(T) 0845 1221 200 for an adviser
(T) 020 7812 1600 for switchboard
(F) 020 7812 1601

Healthy Gay Living Centre

(T) 020 74073550

PACE

Web: www.pacehealth.org.uk

e-mail: info@pacehealth.org.uk

Gay men fighting AIDS

Web: www.gmfa.org.uk

e-mail: aboutgmfa@gmfa.org.uk

(T) 020 7778 6872

Previous Childhood Abuse National Association for People Abused as a Child

Web: www.napac.org.uk

(T) 0845 085 3330
(T) 020 7837 7324 (daily 10am -11pm)

Relationship issues

If you are experiencing relationship issues you can contact the healthy gay living centre, gmfa or relate.

Relate

Web: www.relate.org.uk
(T) 0300 100 1234

Sexual Assault

If you have been sexually assaulted there are a number people you can get advice and support from.

The Havens

These are dedicated services for people who have been sexually assaulted. There are 3 across London.

Web: www.thehavens.co.uk

Camberwell: 020 3299 1599
Paddington: 020 3312 1101
Whitechapel: 020 7247 4787

You can attend a sexual health service; see the BASHH website to find your local service

Police

Web: www.met.police.uk

If it is not an emergency

(T) 0300 123 1212

For emergencies 999

APPENDIX 2: CONSENT FORM



CITY UNIVERSITY
LONDON

Consent form (interviews)

Participant pseudonym for this study _____

Title: *Anal sex without condoms and men who have sex with men in London*

Name of Researcher: Matthew Grundy-Bowers (Clinical Doctoral Research Fellow)

Data protection

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisations.

Withdrawal from study

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

1. I confirm that I have read and understood the *Information for participant's* information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactory.

Initials _____

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.

Initials _____

3. I allow the interview to be audio taped

Initials _____

4. I understand that anonymous data collected during the study may be looked at by individuals from the research team at City University. I give permission for these to have access to this information.

Initials _____

5. I agree to take part in the study

Initials _____

Name of participant	Date	Signature
Name of person taking consent	Date	Signature
Matthew Grundy-Bowers		

When completed 1 copy for the participant and 1 copy for the research file

APPENDIX 3: PARTICIPANT INFORMATION SHEET



CITY UNIVERSITY
LONDON

Anal sex without condoms and men who have sex with men living in London

Information for participants (interviews)

Dear participant,

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being carried out and what it will involve. Please take time to read the following information carefully and discuss with others if you wish.

What is the purpose of this study?

We think this research study is important and would be grateful for your help. Over the last fifteen years the number of men who have sex with men contracting HIV and other sexually transmitted infections has continued to rise. One of the factors contributing to this is an increase in men engaging in anal sex without condoms. This study aims to gain better understanding of what influences people when they do not use condoms. No judgement is being made about you or your behaviour.

Why have I been chosen?

We are recruiting HIV negative or untested men who have sex with men who have had recent anal sex without condoms, to gain a better understanding of what they think about anal sex without condoms and what they think influenced them to have anal sex without condoms. You must be male, aged 18 years or over, have sex with men and live in London.

Do I have to take part?

It is up to you to decide if you want to take part in the study. If you do decide to take part then you will be given this information sheet to keep and be asked to sign a consent form. Taking part in this study is voluntary and you may withdraw at any time.

What will happen to me if I take part?

If you haven't already done so you will be asked to complete an anonymous online questionnaire which will take about 20 minutes.

The interviews

The interviews will be one to one with Matthew. The interview will consist of a series of topic areas related to condomless anal sex. He will arrange a mutually convenient time for you to have an interview with him, which will last about between 1-hour and 1 and 1 half hours. There are no physical elements to this study.

What are the possible disadvantages of taking part?

It will take some of your time to complete the questionnaire and attend the interview.

What are the benefits of taking part?

Your contribution will create a better understanding of the factors that contribute to anal sex without condoms. This may help other men in the form of health promotion advice and help clinical staff to work more effectively with men who have sex with men around health promotion.

Complaints procedure

If there is an aspect of the study which concerns you, you may make a complaint. City University has established a complaints procedure via the Secretary to the Research Ethics Committee. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary of the Ethics Committee and inform them that the name of the project is: u-sex

You could also write to the Secretary at:

Anna Ramberg
CRIDO
City University
Northampton Square
London
EC1V 0HB
Email: Anna.Ramberg.1@city.ac.uk

Will my taking part in the study be kept confidential?

If you join the study, all information that is collected about you during the course of the study will be kept confidential. Data from your answers to the questionnaire and contribution to the focus group will also be kept confidential, identifiable only by the study number you will be assigned if you agree to take part.

What will happen to the results of the study?

The results will be published in healthcare journal(s). No personally identifiable information will appear in any report.

Who is organising and funding the research?

The research is part of a PhD and has been supported by:

- Imperial College Healthcare NHS Trust
- A grant from Imperial College NHS Trust Charity Trustees Non-Medical Research Award
- National Institute for Health Research Fellowship Award

Who has reviewed the study?

The research has been reviewed and approved by the City University Senate Ethics Committee.

Contact Information

If you have any concerns or questions about this study please contact the principle investigator:

Matthew Grundy-Bowers
NIHR Clinical Doctoral Research Fellow
School of Community and Health Sciences
20 Bartholomew Close
London
EC1V 0HB

Tel: (020) 7040 5757

e-mail: matthew.grundybowers.1@city.ac.uk

Thank you for taking the time to read this leaflet.

APPENDIX 4: TOPIC GUIDE

Topic Guide

Q = questionnaire

L = Literature

Intoxification (L / Q)

- Alcohol (L / Q)
- Recreational drugs (L / Q)
- Viagra (L)

Health related issues

- Age (Q)
- Abuse (L)
- Mental health
 - Depression (L / Q)
 - Psychosis (Q)
 - Addiction
 - Self-esteem (Q)
 - Self destructive (Q)
 - Death wish (L)
- Internalised homophobia (L / Q)
- Sexual dysfunction (L / Q)
- Circumcision (L / Q)
- Crisis (Q)
 - bereavement
- HIV status
 - Disclosure (L / Q)
 - Serosorting (L / Q)
 - Perceived status / actual status (self) (L / Q)

Wider Social Context

- Education (or lack of) (Q)
- Bug chasers (Q)
 - To access the welfare system (Q)
- Treatment beliefs / optimism (L / Q)
- Perceptions of risk (L / Q)
 - risk doesn't apply
 - Not knowing anyone with HIV
- Condom efficacy of condoms
- norms (L / Q)
- Condom fatigue (L / Q)
- Conformity (Q)
- perception of HIV (L / Q)
 - Complacency
 - Denial
 - Irresponsibility
 - Arrogance
 - Don't care
 - Thoughtlessness
 - Didn't think about HIV / less HIV than there actually is
 - Invincibility
 - Perceived status / actual status (partner)

Pleasure

- Sexual impulsivity (L / Q)
 - Sexual arousal
 - Wanted it there and then
 - Heat of the moment
- Semen exchange (L / Q)
- Transgression (L / Q)
 - Rebelling
 - Thrill seeking
- Condoms (L / Q)
 - Lack of condoms / expense
 - Hurts less / comfort more relaxed
- Porn / fantasy (L / Q)
- Fetish for bareback (Q)
 - Sleazier / dirtier / hornier / hotter
- S&M (L)
- Prefer the feeling without condoms / pleasure (Q)
 - Sensation / intensity / better orgasms
 - Mood (Q)
 - Natural way of having sex (Q)
 - Realness of sex
 - Spontaneity / convenience
 - Wanted to feel it for the 1st time without rubber

Partner issues

- Type of partner (L / Q)
 - Nature of relationship
 - Trust
- Partner characteristics / erotic capital (L / Q)
 - Sexual currency
- Communication (L / Q)
 - Not able to discuss
 - Not discussed
 - Negotiated safety
 - Conformity
- Sexual role / position (L / Q)
 - Sexual position (top = less risky)
 - No ejaculation
- Serosorting
- Power (I / Q)
 - Partner pressure / dominance
 - Ruthlessness / lack of respect
- Love (I / Q)
- Intimacy (I / Q)
 - Closeness

APPENDIX 5: TEMPLATE FOR ANALYSIS

Transcript No.		
Name		
Date / time		
Exploratory comments	Original Transcript	
Descriptive comments / linguistic comments / conceptual comments	1	
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Emergent Themes		

APPENDIX 6: EXAMPLE OF TRANSCRIPT AND ANALYSIS

Name: Peter Date: 24/02/2011		
Descriptive analysis	Original Transcript	Interpretative analysis
	Interviewer / participant	
	1 Ok so if we can start by you just giving me some general 2 background information about yourself.	
Forty Born in Australia Came to Britain when 27, been here ever since A project manager for the NHS, used to be a physio	3 OK. Um gosh um my name is Peter I'm forty I was born in 4 Australia um grew up there for twenty seven years um came to 5 Britain kind of a, kind of on a whim when I was twenty seven 6 and have been here ever since. Um what else, I live in 7 Clapham. Er, gosh I don't know. Um um work; yeah let's talk 8 about work in Britain anyway. I'm a project manager, used to 9 be a physio and I do contract work for the NHS I will stop 10 looking at the microphone now.	
Last CAS yesterday	11 Cool. The study is on anal sex without condoms. When 12 was the last time you had anal sex without a condom. 13 Um yesterday. 14 OK. 15 You want more? 16 Tell me about it.	
There is a guy that occasionally gives me a massage and it usually ends with men fucking him Yesterday he said he wanted to use a condom, but then sat on my cock so I was like maybe we are not using a condom today He has a boyfriend; I don't know the details of their relationship. I don't think they have sex	17 I knew you were going to ask this. Um there's a guy that 18 occasionally comes over and gives me a massage and usually 19 it ends with me fucking him. Um and yeah um alright I'll go into 20 detail. He has a boyfriend; I don't know what their relationship 21 is I don't believe they have sex, or very much sex. Yesterday 22 he actually at one point said he wanted to use a condom but 23 then he sat on my cock so I was like maybe we are not using a 24 condom today. Um but yeah. More?	Language Risk Consent Non verbal communication Relationship status
Known him for 3 years, I don't see him when I have a boyfriend	25 OK so how long have you known him for? 26 Probably three years or something like that. But I've had a 27 couple of boyfriends during that period so obviously I don't see 28 him when I've got boyfriends.	duration
First CAS with him 3years ago	29 OK. And when was the first time you had sex without a 30 condom with him? 31 Probably oh god, this is real guess work, probably three years 32 ago. Um but honestly I can't remember. 33 So it would have been near the beginning of when you first	

Doesn't recall any discussions with this guy He has asked me on a couple of occasions and I quote here 'are you clean' to which I said yeah. First time had sex without a condom was with my first boyfriend and I would have been 23 or 24. He was a nutter Remember the first time had anal sex, don't remember the first time I had sex without a condom	34 started to see him. 35 Yeah. 36 OK. In terms of the discussions can you think back to when you first had sex without a condom were there any discussions before you did it for the first time? 37 38 39 With this guy? 40 Yeah. 41 I don't recall, I honestly don't recall. Honestly, no idea not with this particular guy. 42 43 OK and had you discussed things like HIV testing, STI screening? 44 45 He has asked me on a couple of occasions and I quote here 'are you clean' to which I said yeah. Um so yeah. 46 47 OK and that's the depth of the discussions that have happened? 48 49 Yes. 50 Um ok. So when was the first time you had sex without a condom? 51 52 At all? 53 Mmm. 54 Let's pause for that [LAUGHS]. Um, um it must have been, well I came out when I was twenty two, um when was the first time I had sex without a condom? It must have been, oh it would have been, I think it was with my first boyfriend called M, well kind of, turned out not to be his real name, he was a nutter but um it would have been with M and I would have been twenty three or twenty four. 55 56 57 58 59 60 61 OK. Normally having sex without a condom has meaning behind it, people attach meanings to it, do you, so therefore the first time that you do it, I'll get to the point, I will get to the point! Er normally the first time that you do it is something you can remember quite well. 62 63 64 65 66 No. I remember the first time I had anal sex, but I don't remember the first time I had anal sex without a condom, at all. 67 68 OK. So with him if you can remember back that far, were there any discussions about condom use, about not using condoms, that whole process leading up to? 69 70	No discussion Are you clean – doesn't ask directly Finds it funny First CAS in relationship, shortly after coming out Not significant?
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I guarantee there would have definitely been a discussion about HIV, but can't remember the specifics	71 72 73 74 75 76 77 78 79 80 81	I can't remember the specific incident but I can guarantee there would have been yeah, back at that point I was a physio student and er yeah I was very well aware of HIV, well I wasn't, I was a bit of a novice being in Australia, this is where I get a bit funny. In Australia we were much better educated as a society about HIV than the Brits, than I understand the Brits were. Um um and so yeah I had reasonably good knowledge and I had done a little bit of reading about it before I came out or when I came out, I can't remember. But yeah there definitely would have been a discussion around it but I can't remember the specifics of that.	General knowledge of HIV better in Australia Individual knowledge better General feel / inprint
He was roughly the same age, about a year younger	82 83 84 85 86	And was he older than you, same age as you, younger than you? Um he was roughly the same age, there's a story behind that but I won't go into it. But he was about a year younger I think. I found out the age he told me was a year out, later on.	Similar age
Again I can't remember the specifics, but I would have been tested as I used to get tested regularly	87 88 89	OK so he lied about his age and also his name. OK. And had you been tested or did you go for testing when you, or screening?	Testing
Can't remember the first time got tested, but it would have been in Adelaide	90 91 92 93 94 95 96 97 98	I believe, I can't remember the first time I got tested but I know where it would have been and I can picture it it was back in Adelaide. But I would have been tested, again I can't remember the specifics but I'm sure I would have been because I know that I used to get tested pretty regularly I still do up until recently. Um and er he would have told me that he was negative. I subsequently found out and I'm going off track here a bit, subsequently found out that while we were seeing each other he was escorting and bare backing.	Discussion about status Partner deceiving
He would have told me he was negative, I subsequently found out that while we were seeing each other he was escorting and barebacking	99	Right.	
I wasn't too happy when I found out, and got tested as was fine	100 101 102	So I wasn't too happy about that when I found that out. But I found that out afterwards and I'd got tested and I was fine so I thought oh, yeah, nice guy.	Tested after
Attitude has changed over the last 2 years, it used to be normal for me to use condoms, no it is not	103 104	OK. So in terms of your condom use normally do you use condoms, do you use them in certain situations or not?	Changing attitude
I will use a condom if the other person tells me to but otherwise I probably won't.	105 106 107 108 109 110 111	Do you know my attitude has really changed over the last I'd say two years. Um it used to be normal for me to use condoms and now it's not really. I will use a condom if the other person tells me to but otherwise I probably won't. And it also depends on, again, jumping into something here, it also depends whether I'm on steroids or not. If I'm on steroids I don't care, if I'm not on steroids I'm more inclined to use them.	Choice left to partner
Depends on steroid use	112 113	OK. What do you think has changed in the past two years for you? You said that up until fairly recently.	Drugs: steroids – won't use condoms

5 years ago met a guy and fell in love for the first time	114	Yeah um I don't know, I can't link it directly with this but I went	love
It didn't work out and I got seriously depressed, I was pretty bad, on antidepressants and was really non functional for nine months and still probably haven't completely recovered from it	115	through, about nearly five years ago now, I met a guy, I will	Mental health
Met a guy and that helped	116	stage the names as he's here, a guy called D, I fell in love	Medication side effects
Had no sex drive and was put on citalopram so couldn't cum	117	probably for the first time it didn't work out and at the end of it I	Sexual dysfunction
When my sex drive came back, I was less concerned about it	118	got seriously depressed for about nine months and was on anti-	anger
I think it is probably down to some mental health issues and me being pissed off	119	depressants and really non-functional. Couldn't work, kept	
	120	trying but couldn't. And was pretty bad actually. Um and took	
	121	me quite a while to fully recover from that and probably still	
	122	haven't completely recovered from it but I did meet a guy about	
	123	a year after and that helped um his name was J. And I think for	
	124	that first year after D I just wasn't really functional and I had no	
	125	sex drive and they put me on Citalopram so I couldn't cum that	
	126	was a fucking nightmare. And then er after J I think is when my	
	127	sex drive came back and that kind of became less, I was less	
	128	concerned about it. So there's probably some mental health	
	129	issues there and probably just I don't know, me being a bit	
	130	pissed off with things I think. And then after the last	
	131	relationship um with a guy called S which ended about, well	
	132	November um so what's that, four months ago, I was a bit	
	133	pissed off about that as well, so I think that's probably what it's	
	134	down to.	
	135	So has your view of HIV and STIs changed?	
When I was studying to be a physio in Adelaide in my final year I did an elective as a physio in HIV and learnt a lot and when I left Adelaide I helped a GP set up a HIV physio service	136	No. No, another thing I need to point out and I should have	Good HIV knowledge
	137	said this in my introduction. When I was working as a physio in	Own clinical experience of HIV
	138	Adelaide before I came over I, when I was studying actually I	
	139	did my final year at Uni which is four years in Australia. Um I	
	140	did some sort of elective on HIV, physio in HIV and I learnt a lot	
	141	and later on when I left Adelaide I helped a GP set up an HIV	
	142	physio service in Adelaide. Um and when I came over here I,	
	143	so I actually had, this was in the mid to late nineties I actually	
	144	had a fair knowledge of HIV. Which for a while I kind of kept up	
	145	with but now I'm, J went and got tested for HIV at one stage to	
	146	go on PEP and I had a really good chat with the consultant	
	147	about HIV and I did for one of the PCTs in South London I	
	148	helped them with a project in sexual health and again learnt a	
	149	lot from the consultants about HIV. So I'm reasonably well	
		informed but I dare say I probably not that well informed.	
	150	And what do you think about HIV today?	
There seems to be a lot of it [HIV] around and my friends all seem to be getting it	151	Well there seems to be a lot of it going around. My friends	Friends acquiring HIV
	152	seem to be all getting it at the moment. Um er what do I think	
	153	about it, I don't know. Can you be a bit more specific, what do	
	154	you want me to talk about it?	
	155	Obviously with over time HIV and how it affects people and	
	156	how it affects communities has changed. So from the	
	157	eighties through to now and people that have grown up in	
	158	the eighties would have had a certain experience of it then	
	159	which may be very different from now so just trying to	

	160	elude to how, do you think it's a problem do you ...	
	161	... do I think HIV is a problem?	
	162	Mmm.	
HIV is not so bad anymore, I am guided by what a consultant told me, he said if someone in their mid 20s gets HIV their life expectancy is greater than somebody with diabetes diagnosed at the same time	163	Um yeah well again I'm guided by what the consultant told me down at Mayday and he said basically if someone in their mid-	Link with other chronic diseases
	164	twenties or early to mid-twenties gets HIV their life expectancy	Generational differences of experience
	165	is greater than somebody with diabetes diagnosed at the same	
	166	age. Which I was astonished by but I confirmed that with the	
	167	consultant at Tommys. Um and er, which is good because one	Friend diagnosed
A friend of mine is in his late twenties just got it [HIV], but his experience is different to mine as I grew up in the eighties where in Australia we had the grim reaper in the bowling allies	168	of my friends is late twenties just got it, kind of reassured him	
	169	that actually it's not so bad any more. But then his experience	
	170	of HIV is slightly different to mine and I grew up in the eighties	
	171	where um we have, in Australia we had the grim reaper in	
	172	bowling alleys [LAUGHS] and you had some stupid cliff face	
	173	collapsing or something.	
	174		
	175	Oh no we had icebergs and tombstones.	
My problem is I still think of HIV deep down as a death sentence, when I first experienced HIV, for most of my teenage life that's what it was and there is still that kind of fear about it	176	Yeah ok, grim reaper much better. But um yeah it was um you	Thinks of HIV as a death sentence – deep down (entrenched, legacy)
	177	know I know that HIV used to be when I studied HIV it wasn't	
	178	no longer a death sentence they had AZT and that was the	Good understanding of HIV
	179	cure and they were beginning to have double therapy. But	
	180	yeah it's completely different to how it is now and I had to,	Fear – link with Luc's
When I studied HIV it wasn't a death sentence, they had AZT and were beginning to have double therapy. It's completely different to now. I did a lot of research and it is nowhere near inverted commas bad as it used to be	181	when one of my exes J came down with it I had to, and no one	Own experience
	182	knows how he got it because he was so safe all the time it was	
	183	ridiculous but anyway I just had to say look you know I had to	Different now
	184	do a lot of research and found out all sorts of bits and pieces	Generational issues
	185	that it's nowhere near, inverted commas, bad, as it used to be.	
But I think I would react worse than someone in their twenties	186	But um my problem is that I still think of it deep down as a	
	187	death sentence. Which because the first, well for all of my	
	188	teenage life, most of my teenage life and into my early twenties	
	189	that's what it was and that's when everyone experienced it for	
	190	the first time, I certainly did. So there's still that, still that kind of	
	191	fear about it, I think I would react worse than someone,	
	192	because two of my friends J and another friend S who is twenty	
	193	three he got it recently as well, I'm not surprised he got it	
	194	actually. Um and they've dealt with it really differently to how I	
	195	would, each of them, J was terrible and S was like, didn't really	
	196	care. But um, yeah I've had unsafe sex; I'm probably jumping	
	197	ahead of you.	
	198	No, no.	
I've had unsafe sex and I'm aware I'm less likely get it because I'm a top and because I'm cut. I also do other things to reduce the risk when I'm finished like wash my dick and go for a piss straight away	199	I've had unsafe sex quite a lot um er and you know I'm aware	Role
	200	of the statistics, statistically I'm not, I'm less likely to get it than,	Circumcision status
	201	I wouldn't say most people but than a lot of people because I'm	Risk reduction
	202	a top, because I'm cut, um those two things help also I do other	
	203	things like when I'm finished I go and wash my dick and have a	
	204	piss straight away. Um and you know there are things that I do	
But frankly I hate condoms so yeah, that's always been a big issue for me and I really hate them.	205	to reduce the risk. But frankly I hate condoms so yeah, that's	Hates condoms

Condoms are very annoying, they really reduce sensation and frankly it can take me forever to cum if I am using a condom. Unless the guy is a really good bottom that can be a problem Large condoms help, thin condoms help if I'm really horny it makes no difference if I'm honest, if I'm really horny it doesn't matter whether I've got a condom or not I don't really notice the difference. But if I'm not really horny then it does make a difference. I do sometimes get a thrill associated with the risk it, it's kind of a naughty thrill Not always, but sometimes stopping sex and reaching over and getting one and putting one on can really kill the moment. It's not a passion killer, because it is not passion we are talking about Sometimes I want to keep going and don't want to stop and do something really annoying I self medicate with 10 milligrams of Cialis every morning and have been doing so for quite a while, it works really well. I went to India to get it I am pretty my GPs knows, he is really cool, he is gay and trains other GPs. He knows I am a health worker and says if you want to self medicate, I can tell you off but you are going to do it anyway First time erectile problems I was twenty one and it was with a girl, who turned out to be a lesbian, we were trying to shag and it was a total disaster.	206 always been a big issue for me and I really hate them. 207 Occasionally they are ok but it's, I don't know, anyway I guess 208 we can come back to that if we need to. 209 What is it that you hate about them? 210 OK, go straight into that. Um well obviously sensation is quite a 211 lot less it really genuinely is and thin condoms help, large 212 condoms help there are different things that help but it's not um 213 it's, it, if I'm really horny it makes no difference if I'm honest, if 214 I'm really horny it doesn't matter whether I've got a condom or 215 not I don't really notice the difference. But if I'm not really horny 216 then it does make a difference. Um so er and also to be honest 217 I think there's some thrill associated with the risk as well. There 218 must be. Because I do sometimes get a bit of a thrill out of it 219 um and I'm aware that it's kind of a naughty thrill so, mmm. But 220 yeah it's most of the time they are very annoying and they 221 really reduce sensation and frankly it can take me forever to 222 cum sometimes if I am using a condom. Um unless the guy I'm 223 fucking is a really good bottom then that can be a problem, so. 224 Any other, you mention delayed ejaculation any other 225 problems with the condoms? 226 Actually stopping sex and reaching over and getting one and 227 putting one on can really, it really I mean everybody knows this 228 it actually can, it's not a passion killer because it's not passion 229 we are talking about but it really can kill the moment. Um and it 230 doesn't always but sometimes it does and I can kind of tell 231 sometimes it like I want to keep going with this I don't want to 232 stop and do something really annoying. So, I don't know if 233 that's a great answer but there you go. 234 Any erectile problems? 235 Er yeah. Um oh, at the moment I take ten milligrams of Cialis 236 every morning and have been doing so for quite a while. It's 237 self-medicated I went to India and got it and but my GP I think 238 he knows I'm on it, I'm pretty sure he does. My GP is really 239 cool, he is gay he trains other GPs so I won't name him but he 240 is very professional but he knows that I am a health worker and 241 he basically says look if you want to self-medicate I can tell you 242 off but you are going to do it anyway. But er that works really 243 well but yeah prior to just before the time Viagra was invented 244 or first became popular was probably the first time I had 245 erectile problems, that was with a girl, responsible for all evils I 246 tell you, that's not true I don't really believe that, there's 247 probably a woman typing this up isn't there. So um, um yeah 248 and that was actually, she turned out to be a lesbian which was 249 hilarious because me and this lesbian were trying to shag and it 250 was a total disaster, this was when I was about twenty one, 251 maybe, yeah probably be twenty one. And it was a total 252 disaster, I've bumped into her since you know at a gay bar and	Transgression Horniness Sensation If not horny – why having sex Thrill of risk Delayed ejaculation Interrupts flow: stops sex (faff) Annoying Kills the moment Self medicates for PD5i GP aware: almost permission giving First ED with lesbian
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It actually caused some issues for quite a while, because once it's happened once if it is bad enough it will play, and now the initial event is long gone, there is still that occasional anxiety. I think this is when I first started not to use condoms, that was one of the issues, but not really anymore Cilais is much better than Viagra, now I have shed loads of it and give it to my friends Got first batch of Viagra was from one of the GPs working in the practice I was setting up the physio service. I actually had it all planned, and wasn't going to take no for an answer, maybe it was true maybe it wasn't. I sat her down and said look I have erectile problems, and if I use a condom I can't get a hard on so I don't use them and I'm putting myself at risk therefore you need to give me Viagra and she was pretty much obliged to do it The first time I took it, it was amazing, really good I was luck wow, fuck this is brilliant. I've thought what is this thrill I get from doing it and it's just this feeling of doing something you are not supposed to do, something that's forbidden something that's a big no no. I don't know some sort of childish reaction to being told you can't do something and therefore wanting to do it. If I am watching porn I will always watch bareback porn, even if condom has better looking guys and better things going on I just don't like to look at it, it takes away 10%. I have read, that porn is meant to be a fantasy and if you put a condom in it kills that which is why the edit around it and I would actually concur with that. how it works in my mind there is that period where you are doing whatever you are doing before the fucking bit and if I	253 she's there with her girlfriend and I was there with my boyfriend 254 and we had a good laugh but um that actually did cause some 255 issues for quite a while because it was such a disaster um and 256 er and it's one of those things that once it's happened if it's bad 257 enough it will play and now the initial event is long gone but 228 there's still that occasional anxiety. Um I have a huge amount 259 of Viagra that I bought back from India which I don't really use 260 any more because the Cialis is much better and the side 261 effects. But I actually got the first batch of Viagra I ever got 262 from one of the GPs working in that GP practice that was 263 setting up the physio service um and I said look I need to come 264 and see you and I sat down with her and I said look um I have 265 erectile problems and I actually had it all planned , it wasn't 266 quite true maybe it was maybe it wasn't, but I wanted Viagra I 267 wasn't going to have no for an answer so I just said look if I use 268 condoms I can't get a hard on so I don't use them um and I'm 269 putting myself at risk and therefore you need to give me Viagra 270 and of course she's pretty much obliged to do it and she did. 271 Um and the first time I took it, it was amazing. It was like really, 272 really good I was like wow, fuck this is brilliant and now I've got 273 shed loads of it and just give it away to my friends. But er, yes, 274 so yeah that is, I think when I first started not using condoms 275 that was one of the issues actually but it's not really any more. 276 So. Getting lots of juicy stuff here hopefully. 277 Um you mentioned before about the thrill of having sex 278 without a condom can you tell me a bit more about that? 279 It's hard. Because I've thought about this myself on a number 280 of occasions and I've thought what is this thrill I get from doing 281 it and it's just this feeling of doing something you are not 282 supposed to do, something that's forbidden something that's a 283 big no no. I don't know some sort of childish reaction to being 284 told you can't do something and therefore wanting to do it. But 285 on top of that yeah if I'm watching porn which I don't do all that 286 often because I'm shagging someone, but if I'm watching porn I 287 will always watch bareback porn rather than condom porn, 288 nearly always anyway. Even if condom porn has better looking 289 guys and better things in it, better things going on I just don't 290 like looking at it, it kind of, it kind of takes ten per cent away 291 from what's going on even though it's just visual because it's 292 not. I read somewhere some porn star or porn baron was 293 trying to justify why they don't use condoms I think it was when 294 they had one of those HIV scares in LA and he was saying it's 295 meant to be a fantasy thing and if you put a condom in it kills 296 that which is why they edit around it. But I would actually 297 concur with that. But yeah. 298 And in terms, when you say thrill what do you mean by 299 thrill, when does it occur what is it like? 301 Um it turns me on. So it sexually arouses or excites me. Um it 302 really does if I suspect I am about to fuck somebody er without	Long term impact of event led to CAS manipulative split subject: truth sensation seeker Transgression Forbidden Childish reaction Always watch bareback porn Visual Fantasy Arousal Horniness
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suspect that we are not going to be using a condom I'm much hornier and much harder frankly. It turns me on, sexually arouses or excites me, if I suspect I am about to fuck somebody without a condom I'll be rock hard, if we are going to use a condom I may not be Part of the thrill is being more turned on My biggest ever fantasy which I have only ever done once or twice is a guy getting fucked, preferably really cute guy, getting fucked by a whole pile of guys they all bareback they all come inside him and then I have a go and when I finish someone else has a go. And er if I'm bare backing a guy it kind of feeds back into that fantasy It's kind of like I don't want to get HIV but I do want to bareback. I used Gaydar and Grinder mostly The thrill doesn't start beforehand. If a guy says he is into barebacking, I will usually avoid him. That is probably unconsciously due to risk, if someone is a barebacker that's an assumption that I make, if I am wrong they are going to be positive eventually. I am not going to seek out people who bareback Two weekends ago some guy was inviting me round to an orgy at his place and he said something that made it clear they were barebacking and I thought I am definitely not going. Yet the other night I had a big muscle guy round, really hot fantastic shape who loved being barebacked so I ended up cumming in him 3 times then kicked him out. He wants to come back again and I'm not really sure. Because of my assumption, literally the minute I'd cum, I would pull straight out and run to the bathroom and clean off and get sorted out	303 a condom I'll be rock hard I am if the guy has already made it 304 clear that we are going to use a condom then I may not be. Um 305 and that is kind of how it works in my mind there is that period 306 where you are doing whatever you are doing before the fucking 307 bit and if I suspect that we are not going to be using a condom 308 I'm much hornier and much harder frankly. Um sorry what was 309 the question again? 310 What is the thrill like? 311 What's the thrill, well that's part of it it's definitely about being 312 more turned on. It feels more like it feels, see I have to go into 313 um, go slightly off so make sure you keep track of where we 314 are because I'm terrible for that. One of my, probably my 315 biggest ever fantasy which I've only really done once or twice 316 um but for me my biggest ever fantasy because I have actually 317 done all of my fantasy's pretty much but this is one that I could 318 just keep doing um is a guy getting fucked, preferably really 319 cute guy, getting fucked by a whole pile of guys they all 320 bareback they all come inside him and then I have a go and 321 when I finish someone else has a go. And er if I'm bare 322 backing a guy it kind of feeds back into that fantasy and I don't 323 quite understand what that fantasy is about but I don't really 324 want to analyse it. So if I'm not sure why you would analyse 325 your sexual fantasies, that would kill it. 326 OK. And the thrill so that starts before sex before you 327 meet someone or how? 328 No actually, no. If a guy on Gaydar because I tend to use 329 Gaydar and Grinder mostly. If a guy on Gaydar usually will say 330 I like bare backing with big letters or whatever I will usually 331 avoid him but strangely enough that's probably unconsciously 332 to do with risk if someone is clearly a big bare backer they are 333 positive and that's an assumption I make. And it's an 334 assumption I make pretty close to absolute certainty and I 335 might be wrong but they are going to be positive eventually so, 336 so yeah. It's kind of like I don't want to get HIV but I do want to 337 bareback. So, so yeah the thrill doesn't begin beforehand it's 338 not to do with you know I'm going to seek out people who 339 bareback I'm right at the other, two weekends ago I think on a 340 Saturday morning or a Sunday morning, I'm never that good in 341 the morning some guy was inviting me round because he had 342 an orgy at his place, they call it chill out these days I love that. 343 Um and I'm just getting old. And he had a chill out round at his 344 place and all these guys were going and he said something I 345 can't remember what it was that made it very clear that they 346 were bare backing and I thought right definitely not going. And 347 yet the other night I had a guy round who clearly um he was a 348 big muscle man, really hot, fantastic shape but he loved being 349 bare backed so I ended up coming in him three times and then 350 kicked him out bless him. And he wants to come back again 351 and I'm kind of like no I'm not really sure I want to have him	Anticipation Arousal Fantasy feeds into reality which feeds into fantasy technology avoids barebackers power doesn't want HIV fear Post ejaculation panic Power
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	352 around again because my assumption I mean literally getting 353 graphic here, literally the minute I'd come I would pull it straight 354 out and run to the bathroom and clean off and get all sorted 355 out. But I had no intention of doing it a second or third time but 356 you know it happened. But yeah um where was I, where was I 357 going with that? 358 So it's about where the thrill starts.	
It's about risk. I don't really want to have that guy back because my assumption is he is positive and I don't want to put myself at risk I don't know if it is necessarily true, but there is logic to it. I kind of think the younger somebody is the less likely they are to have it. If you have been out for 20 years you have been more exposed than someone who has been out for one So I never go for guys more than a few years older than me 20's to around 45 I feel more comfortable if I'm going to bareback I feel more comfortable bare backing somebody younger. I just assume anyone over forty is probably positive. Which is rubbish because I'm now 40 I've always associated bears with HIV, I don't know where that came from, it seems to be of a sub culture of being HIV	359 Oh yeah it's about risk. Yeah and this guy yeah I don't really 360 wanna, I don't really wanna have him back because my 361 assumption is that he is positive um er and I don't particularly 362 want to put myself at risk. It's strange; in my head I kind of 363 think ok the younger somebody is the less likely somebody is to 364 have it. I don't know if that's necessarily true but there's a logic 365 to it you know if you've been out for twenty years you've been 366 exposed pretty much more than someone who has been out for 367 one probably, the probability is so, and I like, I never go for 368 guys, never have gone for guys more than a few years older 369 than me. So most of my life I've been shagging guys younger 370 than me. And now I, anything between twenty and I don't think 371 I've shagged any teenagers in a while but anything between 372 about twenty and forty five is ok but I'm, I'm I feel more 373 comfortable if I'm going to bareback I feel more comfortable 374 bare backing somebody younger. I just assume anyone over 375 forty is probably positive. Which is rubbish because I'm now 376 forty but um also I was explaining to J that he hangs out with 377 bears, he hangs out with bears and he tried to make me into 378 one and the last boyfriend did as well, not really my thing. And 379 I tried to explain to J I used to think when I was younger and 380 I've had no reason to change this, that bears, I've always 381 associated bears with HIV. I do not know why I don't know 382 where that came from um but I still think that there is an 383 association between them um and er and J loves bears and er I 384 just said you know look you are probably exposing yourself to 385 more people with HIV because that seems to be as part of a 386 sub culture of being HIV. So 387 OK. You mentioned Gaydar and the fact that if somebody 388 advertised the fact that they were into bareback that you 389 wouldn't go there, you probably wouldn't go there. Do 390 you, you know the box that says safer sex so if it's ... 391 ... mine says always. 392 Always, and the people you have sex with? 393 As I said I don't just whack it in I kind of I usually pause before 394 and wait to see what their reaction is and if they let me do it then 395 I do it. 396 But in terms of the Gaydar thing so if they had an empty 397 box what would that make you think?	Age = self aware not true / despite friends in 20's being positive Looks How long out Risk assessment bears split subject risk Creates a illusion that he is into safer sex – lull's bottoms into a false sense of security. Manipulative Non verbal communication Script: pause = consent

If they hide it [safer sex box] than rather not say I probably wouldn't notice it Used to subconsciously know where to look for key bits of information on Gaydar, but they rearranged the information and I am not as familiar with it because I had a boyfriend when that happened. I certainly would prefer not to use a condom, there are times I will use a condom If I think someone is high risk I might I had this guy over Um because going back to the days of HIV where it actually made you a bit emaciated this guy was emaciated and he was someone who I had seen around before and he was good looking and fit and he wasn't just unfit I mean he is over forty um he was actually a bit emaciated and I just looked at him and thought you don't look well. So when I fucked him I did use a condom. I do kind of do a risk assessment and if I think the risk is high I will use a condom I guess. Risk assessment based on: how they look, how old they are and what was on their profile which is a bit insane particularly at the moment most people will have always, speaking of Gaydar most people will put always mention the safer sex thing on their profile and nearly all of the guys I have fucked bareback have put that, so.	398 Um if they have hidden it, being very technical but with Gaydar 399 you can actually hide the rather not say things and if they are 401 hidden I probably wouldn't notice or look for it. 402 OK. 403 But if I notice and actually again getting very technical, Gaydar 404 rearrange the, a mate of mine does it, but they rearrange the 405 order in which they put things which kind of messed me around 406 because I used to subconsciously know where to look for the 407 key bits of information and they have all moved around now 408 and I'm not as familiar with. Because I had a boyfriend when 409 that happened and I came back to Gaydar and that's a bit 410 different now. Um so yeah, I'll blame him if I get HIV actually. 411 Um ok so when you are having sex with somebody, let's 412 establish that first when you over the past two years you 413 said your condom use has been less or non-existent? 414 Certainly not non-existent um there are times when I will use a 415 condom but I can't put my finger on a time when I would or 416 when I wouldn't. Certainly I would prefer not to and if I think 417 someone is really high risk I might um, I had a guy over 418 recently who let me just, did I use condoms with him, I'm sure I 419 did. Yes I did. Um because going back to the days of HIV 420 where it actually made you a bit emaciated this guy was 421 emaciated and he was someone who I had seen around before 422 and he was good looking and fit and he wasn't just unfit I mean 423 he is over forty um he was actually a bit emaciated and I just 424 looked at him and thought you don't look well. So when I 425 fucked him I did use a condom. Um there's kind of a risk 426 assessment that goes on with my incomplete knowledge of HIV 427 and some of which is probably very redundant as well. But I do 428 kind of do a risk assessment and if I think the risk is high I will 429 use a condom I guess. 430 And what do you base the risk assessment on, what do 431 you ...? 432 How they look which is a bit insane particularly at the moment 433 but nonetheless if someone is looking like this guy did then you 434 just instantly assume ok he's not looking well. How old they 435 are, um sometimes it will be what was on their profile or 436 whatever but most people will have always, speaking of Gaydar 437 most people will put always mention the safer sex thing on their 438 profile and nearly all of the guys I have fucked bareback have 439 put that, so. 440 OK and you have always on your one as well? 441 Mmm.	Doesn't look too closely Subconsciously looked Risk assessment based on looks Prefers CAS If someone is high risk Link with own previous experience of HIV Age Why is he having sex with someone like that? Aware problems with risk assessment Risk assessment based on looks, age and details on profile Only has CAS with men that put always in safer sex box • Part of risk reduction strategy • Safer sex – always means nothing
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No longer asks about HIV status prior to sex If someone wanted to fuck me, which doesn't happen often I would definitely need to find out That's not true, I have had a couple of guys whack it in there and I will just go with it Wouldn't let someone fuck me properly for very long without a condom because the risk is higher for a bottom and for that is not an acceptable risk I still occasionally let guys fuck me for a little while without a condom probably because I find the really attractive Can only get fucked if a guy has an average or smaller willy because the length of my rectum is not long and it hurts like hell especially if they are hard This stunning gorgeous guy came over with a small willy I was really impressed he could fuck me all day and that's one of the things where he decided, he started fucking me without a condom and then put one on That's one of those things where he decided so I probably would have let him not use one, I wouldn't have let him come inside me but um, because he was shit hot and for me to get fucked and enjoy it is really rare, enjoy it as much as that anyway. It sounds terribly irresponsible It seems to be influenced by steroids; if I am on steroids I really want to and will if they let me. I always ask can I cum in you and they often say yes. It's a bit weird, don't understand why they	442 So when you pick somebody up or you bring them back 443 and you are going to have sex with them do you have any 444 discussions about their HIV status? 445 No. I used to a long time ago but not anymore. 446 Why, what has changed in that? 447 If someone, I need to find out if someone wanted to fuck me 448 which doesn't happen all that often, but if somebody did want to 449 fuck me then that would definitely happen. Oh that's not true 450 actually I have had a couple of guys, whack it in there and I will 451 just go with it and then but I wouldn't let someone fuck me 452 properly for very long without a condom because I am aware 453 the risk is much higher if you are a bottom. Um and for me 454 that's not an acceptable risk any more but I still occasionally do 455 something, will let a guy fuck me for a little while without a 456 condom. Um I have let guys fuck me for longer than a little 457 while without a condom once or twice but I couldn't tell you, 458 probably because I find them really attractive and one guy, 459 getting technical here, this is far too much information. 460 Don't worry it's exactly what we need. 461 No it's probably not I can only get fucked if a guy has an 462 average willy or smaller because literally the length of my 463 rectum is not very long so and it hurts like hell if you put a big 464 one up there particularly if it's hard like one of my exes, Jesus. 465 Anyway, and this guy came over recently and he had a small 466 willy, it was on the small side, unfortunately I think I said I don't 467 get fucked and he said why not and I actually kind of said 468 something about guys with big willies can't fuck me, don't think 469 he wanted to see me again after that! And he was gorgeous I 470 mean stunning gorgeous and I was really impressed it was like 471 he could fuck me all day um and I think that he started fucking 472 me without a condom and then put one on. But um, but yeah. 473 That's one of those things where he decided so I probably 474 would have let him not use one, I wouldn't have let him come 475 inside me but um, because he was shit hot and for me to get 476 fucked and enjoy it is really rare, enjoy it as much as that 477 anyway. 478 You've mentioned ejaculation when you're fucking 479 somebody else do you come? 480 Inside them? 481 Mmm. 482 Sometimes yeah. Um it depends, that seems to be influenced 483 by steroids as well if I am on steroids I really want to and I 484 sometimes will, and I'll always ask them, can I come in you. 485 And they often say yes, which is a bit weird actually. I don't	Needs to find out status: risk assessment Split subject: working through his experiences Language Double standards Erotic capital <u>A sense of proper fucking</u> Acceptable risks physicality Erotic capital Penis size Quality of sex Masculine script: Top decided No ejaculation Uniqueness Risk reduction: no ejaculation Steroids – Gets permission <u>Doesn't understand why they let him</u>
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say yes	486 487 488	understand why they say yes but I will if they let me, if I want to. It sounds terribly irresponsible and actually it is terribly irresponsible of me, but anyway, that's the truth.	Weird Erotic capital Notion of irresponsibility
	489 490 491	You've mentioned sexual role you've talked about you being a top and sometimes bottoming, do you think your role influences condom use?	
The risk of a tops is less than the bottom	492	Yeah without a doubt because as I've said the risk of a top	Role
If I was bottom I would want them to use a condom much more often than if I top	493 494 495 496	getting it is less than the bottom and if I was a bottom I dare say I would be wanting them to use a condom much more often were I on the top and I kind of, again over the last I'd say fifteen years, um fifteen, sixteen years, um I've had unsafe sex in	Gets away with it / positive feedback
over the last I'd say fifteen years, um fifteen, sixteen years, um I've had unsafe sex in increasing amounts over the years. Um and the more I get away with it the more I think I can get away with it. And there is definitely a positive feedback going on there.	497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521	increasing amounts over the years. Um and the more I get away with it the more I think I can get away with it. And there is definitely a positive feedback going on there. And I remember, you may be able to correct me on this, I remember reading when in the mid to late nineties there was research going on about certain groups of gay men with positive partners that have unsafe sex or whatever didn't seem to get the virus. No idea what happened to that research, whether that turned out to be rubbish or not, I'd love to know um but um I've discussed it with my friends on a number of occasions, many um er and I'm just I just don't seem to get it it doesn't matter what I do and yet a friend like J who always uses condoms and he used, he went to this orgy thing and they ran out of condoms so they started using the same ones, not after they'd come in them um and he thinks he must have picked up the wrong one and that's how he got HIV, I mean how ridiculous is that and I was over at his place the other day telling him about how I'd been bare backing all these people and he was just staring at me and I said oh sorry! Because of course you know he was a bit pissed off because he got it for no reason and I do what I like and never seem to get it. It is a bit weird. I'm kind of at the moment I think the risk is probably higher than it's ever been, there's a reason for that if you want me to go into that? How unstructured is this?	Invincible Contextualising risk • Previous research • Friends
I just don't seem to get it no matter what I do	522 523	Completely I have areas that I want to explore but I fit those in don't worry.	
Remembers research in the nineties about certain groups of gay men who were having unsafe sex with positive partners didn't seem to get the virus	524 525 526 527 528 529 530 531 532 533 534 535	The reason why at the moment I've been having unsafe sex and this is, this sounds bizarre and I explained this to S actually and S twenty three and he didn't really understand and I will talk to D about it, that's the ex I fell in love with years ago, when I see him next um the reason why I was very conscious when I. Right, SN was my last boyfriend I met him twelve months ago almost to the day. Before I met SN I got tested so that was February ten. Around about September 09 was the last time I got tested and that was negative um and at the time I got tested in September 09 I had been having some unsafe sex, I had broken up with J some time before, I can't remember when we broke up we just went on. Um and I had been having some	Concern how viewed / thinks behaviour is bizarre? CAS link to relationship breakup
A friend who always uses condoms, went to an orgy and they ran out of condoms so started using the same ones, he thinks that's how he got HIV. He was pissed off because it got it for no reason, and I never seem to get it			Testing
The risk at the moment is higher than it has ever been			
This sounds bizarre			
Met last boyfriend 12 months ago February 10			
I got tested in September 09 and that was negative but I had been having some unsafe sex around the time I got tested. I had just broken up, and thought I I'll go back and get tested at some point, but didn't because I was busy working			

Out of the blue I met 'SN' and it was love at first sight	536	unsafe sex around the time that I got tested and I think it was	Love
He is really hot and we click it was totally unexpected	537	an antibody test so there's the window period and all that, so I	
	538	kind of thought ok I'll go back and get tested at some point,	Unexpected
	539	and, why didn't I? I was working, busy working down at the	Potential loss
He was moving away and we thought we'd have these few weeks together and he would go	540	other end of town and I didn't get back there and out the blue I	
	541	met SN and it was love at first sight, I mean he is really hot.	'clicked'
He ended up moving back, but it didn't quite work	542	And we clicked and it was totally unexpected, he was moving	Intensity
	543	away we just thought we'd have these few weeks together and	
	544	then go and he ended up moving back blah, blah blah and we	Low self esteem
When I first met him he looked exactly like his photos, I didn't believe his photo's were real, I thought there is no way that someone that good looking would be on gaydar chatting to me	545	would go and have this life together although it didn't quite	
	546	work. Um but um when I met him the first time I opened the	Quality of sex
	547	door and he looked like his photos, slightly older than his	
	548	photos actually because he'd just broken up with somebody,	Erotic capital
	549	that's what he does. And I opened the door and he looked like	Honesty
	550	his photos, I didn't believe his photos were real I honestly	
	551	thought there's no way that someone good looking would be on	No discussion
He needed a shower and I love fucking in the shower, so I jumped in and ended up fucking him bareback within 5 minutes of him walking in, which he loved and still talks about	552	Gaydar chatting to me. Um and he was exactly like his photos	Worried about how would be viewed?
	553	so and he needed to have a shower and that's one of my things	
	554	I love fucking in the shower so I jumped in with him and ended	Gradual but not full disclosure
	555	up fucking him in the shower and it was bare back and this was	
there was no discussion about HIV and there was no, you know I thought oh my god I've got this hot guy, make the most of him while I've got him	556	within five minutes of him walking in. Um which he loved and	Didn't follow negotiated safety
	557	he still talks about that now but er there was no discussion	
He became my boyfriend and we did discuss HIV at a later point	558	about HIV and there was no, you know I thought oh my god I've	
	559	got this hot guy, make the most of him while I've got him and of	guilt
	560	course he became my boyfriend. We did discuss HIV at some	
	561	point later on, I can't remember when but it was pretty quickly,	
	562	pretty soon. And I told him I'd been tested and I, over the next	
	563	few weeks I gradually admitted to him and it was a slow thing, I	
I told him I'd been tested and gradually over the weeks I admitted the fact I hadn't been completely safe since my last test and can't guarantee I'm still negative	564	didn't, it came up a number of times and I just slowly	
	565	introduced to him the fact that I hadn't been completely safe	
	566	since my last test. What I said to him is I like um particularly if	
	567	I'm on steroids I like swallowing cum and I told him I'd done a	
I had actually done some barebacking but did want to tell him that, I was honest as I was prepared to be and don't regret that. I said particularly if I am on steroids I like swallowing cum and told him I had done a lot of that and he was OK with that	568	lot of that, there were, I had actually done some bare backing	
	569	as well but I didn't want to tell him that. But I said I can't	
	570	guarantee I'm still negative but I was a few months ago. Um	
	571	and he was ok with that and that was as honest as I was	
	572	prepared to be and I don't regret that. And we were actually we	
We kept saying we were going to get tested, we never did because we ended up breaking up	573	kept saying we were going to get tested, we never did and for	
	574	various reasons and we were both kind of thinking that we	
	575	should when we ended up breaking up. Um and when we broke	
	576	up I was in love with SN so I've been in love twice and I	
	577	couldn't deal with the fact that if he was HIV positive that it	
I was in love with him and I couldn't deal with if he was positive because I knew his sexual history and it would have been me that gave it to him. He slept with his boyfriend who had tested after they split up and one other guy who was completely safer which only left me if he came back positive.	578	would have been me that gave it to him because it would have,	
	579	I knew his sexual history, he'd been with a boyfriend he'd slept	
	580	with one other guy who he was completely safe with and then	
	581	me. Um and er and the other boyfriend had gone and got	
	582	tested after they broke up and was fine so you know that only	
	583	really left me if he came back positive. Fortunately he got really	
Fortunately he got depressed after we broke up and wasn't even thinking about testing	584	depressed after we broke up he was almost as bad as I was	
	585	after D but I looked after him and made sure he wasn't as bad, I	
	586	didn't want to make the mistakes that D made. But he was,	'Fucked up'
there is a logic to this but it's really fucked up. I thought right, I'm going to have lots of unsafe sex now that we've broken up	587	fortunately he wasn't, he wasn't even thinking about going and	Aware of limitations in logic
	588	getting tested, during that period I thought right, there is a logic	

because if I'm positive I don't want to know whether it's from before I met him or after. Um there is a flaw in that logic	589	to this but it's really fucked up. I thought right, I'm going to have lots of unsafe sex now that we've broken up because if	
So I actually have been having a lot of unsafe sex	590	I'm positive I don't want to know whether it's from before I met	
He did something really high risk with someone who was positive, it's probably to do with drugs which means I am going to fucking kill him. He's an idiot, if he had told me the next day I would have said you have got to go on PEP	591	him or after. Um there is a flaw in that logic which is if he's	Has knowledge of PEP, window period and testing
He went and got tested and told me two weeks ago he is negative and I was like oh god what if he comes back positive as then test to and then test you three months later. I got off the phone and thought I don't feel anything, I should feel relieved, but actually I gone and made a stupid mistake and now I've got to go and get tested	592	positive but then I found out that he'd been doing a few risky things as well and I thought ok well this logic works well now.	
	593	So I actually have been having a lot of unsafe sex, now he went and got tested pretty much out of the blue a couple, he, he told me about two weeks ago that he did something really high risk	Still in love?
	594	with someone who was positive um I don't know the circumstances but it's probably to do with drugs which means	Double standards
	595	I'm going to fucking kill him. But um he, he went and got, he said I got tested and I was like oh god what if he comes back	Stupid
	596	positive because you know they test you and then they test you three months later. And, and I thought actually he was an idiot	Immune
	597	if he told me the next day I would have said you've got to go onto PEP but he's a fucking, if he comes back positive I will kill	Love's barebacking
	598	him. Um but anyway. Um sorry I went a bit off track there. So yes the logic was that I didn't want to know and anyway he's	Boyfriends stop barebacking behaviour
	599	come back negative which happened really quick, he rang up and said oh I'm negative and I said oh that's great. Then I got off the phone and I just thought I don't feel anything, I should	Tested when meets partner (issues of window period)
	600	feel really relieved but actually now I've gone and made a stupid mistake and now I've got to go and get tested at some	
	601	point. But I do love bare backing so, but at some point I have to rein it in. One of the things I like, and this sounds really	
	602	bizarre, one of the things about bare backing is I feel, I don't really feel I'm immune um but clearly, for some reason I don't	
	603	really feel I'm immune um but clearly, for some reason I don't tend to get it when statistically I probably should have had it	
	604	several times over. Um so there's something going on but it's probably not going to last forever and there have been times	
	605	when I've met a boyfriend that I've thought ok I'm glad I've met somebody because I'm having too much bare back sex, when you've got a	
	606	boyfriend obviously that stops apart from with your boyfriend, I'll get tested usually, um around the time I meet somebody I	
	607	don't know how that works but it does.	
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	627	You've mentioned with some of the men that you have had unprotected sex with both as a bottom and as a top about	
	628	them being really hot and being really attractive, with those people if you could think of a couple of them like one	
	629	where you have been a bottom and one a top where have you put yourself in terms of their attractiveness, where	
	630	would you put you?	
	631		
	632		
	633		
	634	As in how attractive do I think I am relative to them?	
	635	Yeah.	
I am not as attractive relative to them	636	Um not as attractive as they are. Um, SN, bless his heart and he is so good looking I mean, um. In the past you know my old	Low self-esteem
SN is so good looking	637	boss he was like, I showed her photos and she was like oh fuck	
	638		

When we walk down the street some people notice me first, then they would notice him and stay looking at him, I completely got it	639	he really is. And you know when we used to walk down	Still in love with SN
SN thinks I am better looking, but he is seeing a shrink now because he has fucked up issues about the way he looks	640	Clapham High Street together um some people would notice	
I'm not drop dead gorgeous, and plenty of people still say no. I know I am more attractive than I used to be, I seem to be able to pull hotter guys than I used to	641	me first then they'd notice him and then they'd stay looking at	Good self-esteem, is low self esteem an act?
Unlike SN, I occasionally I look in the mirror and like what I see, because I'm a lot better than I use dot be, I used to be so skinny and twinkly in my twenties and now I am a lot bigger	642	him. I completely got it, SN used to say, SN thinks I'm better	Erotic capital
I was in Gran Canaria a few weeks ago fucking a gut in the apartment. I turned him round and said let's fuck in front of the mirror and I was watching me fuck him and was really turned on by me. I actually had muscle I never knew I had and they were all standing out, I was like fuck I look really, really hot	643	looking than he is, but he is seeing a shrink now because he	
I tend not to ask people, I rarely send messages on Gaydar, less concerned on Grinder	644	has real fucked up issues about the way he looks. Bless his	Attracted to muscle
Messaged a hot guy from the gym and he clearly wasn't interested. J made me feel better saying he had a small dick	645	heart. But I'm definitely not as attractive as SN nor the cop that	Narcissistic
I think I'm above average looking for forty particularly compared to straight guys	646	came round the other day. But, um, I know I'm more attractive	False modesty
I'm fairly good looking	647	than I used to be. When I was in my twenties I was really	Technology
Everybody notices SN everywhere he goes, he has a beautiful face he can be dressed so you can't see his muscles and he still looks amazing	648	skinny and twinkly and I seem to be able to pull hotter men than	
	649	I used to be able to. But also, again, here we go again, when I	Fear of rejection (perhaps related to non verbal negotiations about CAS)
	650	was in Gran Canaria a few weeks ago I was, I won't tell you the	Actually likes small dicks??
	651	whole story, I was fucking a guy that was in the apartment and I	age
	652	turned him around and I said ok let's fuck in front of the mirror	above average looking (is this something related to role)
	653	and I was watching me fuck him and I was really turned on by	Still in love with SN
	654	me. And this has never happened and I actually had muscles I	
	655	didn't know I had and they were all standing out and I was like	Equates own size to attractiveness = steroid use?
	656	fuck I look really, really hot. Unlike SN I occasionally look in the	
	657	mirror and like what I see, but that's because I used to be so	
	658	skinny when I was a kid and in my early twenties and I'm now a	
	659	lot bigger and I can see it, unfortunately my tummy is a bit	
	660	bigger too, but can't stop eating chocolate, so. But yeah I know	
	661	I'm a lot better than I used to be, I'm not drop dead gorgeous	
	662	there are plenty of people that still say no and I tend not to ask	
	663	people very often. Like on Gaydar people message me or I	
	664	look at tracks I don't, I would very rarely send a message to	
	665	somebody. Less concerned about that on Grinder um, don't	
	666	know why, there's some logic to that, don't know what it is. But	
	667	um, but yeah there are definitely hot, there's a hot guy at the	
	668	gym who um, who I really liked and he, I messaged him on	
	669	Grinder and he clearly wasn't interested he was giving one	
	670	word answers and I thought ok. Um J made me feel better by	
	671	saying he had a small dick, ok I feel much better now! Um but	
	672	um yeah I know I'm, I think I'm, do I have to say this? I think	
	673	I'm above average looking more so, I've always felt since my	
	674	mid-twenties that I was a little above average, for forty I'm	
	675	probably particularly compared to straight guys that are forty,	
	676	Jesus. But yeah I'm fairly good looking but I'm nowhere near	
	677	as good looking as someone like SN. SN will like, everybody	
	678	notices him everywhere he goes um, um, he can be dressed	
	679	like he has a beautiful face as well as everything else. So he	
	680	can be dressed in like a puffer jacket, you can't even see his	
	681	muscles and he still looks amazing, so yeah. Does that answer	
	682	it?	
Doesn't ask about condom use before sex	683	That's fine. Going back to role, sexual role, so you don't	
	684	normally ask men before you fuck them whether they want	
	685	to use a condom or not?	
	686	No.	
	687	So if you can think back to the last time you did it with a	
	688	casual partner so not the guy that came round to do the	

	689	messages, a casual partner. Talk me through the process.	
	690	You want to know what I do in bed? [LAUGHS]	
	691	Well no.	
	692	You don't have to know that.	
	693	What I'm trying to get at is you don't have a conversation	
	694	on the internet about condom use. You don't have a	
	695	conversation about HIV status and condom use. So, and	
	696	once you've met them it clicks in the thrill of having sex	
	697	without condoms. So that's what I've got from what you've	
	698	told me. And you don't ask them if they're ok with you	
	699	fucking them without a condom. So talk me through.	
Most of the shags I have are at my place and they are people I don't know	701	At some point, right. Most of the time, most of the shags I have	Familiarity sex at home
	702	around my place and they are usually people I don't know and	
	703	they are usually, I live on Clapham High Street so they are	
	704	usually people going past and they would appear on Grinder so	
	705	I'll be in the middle of working because I work from home and	Mental health
	706	they'll just come up for twenty minutes or half an hour or	
	707	whatever. And it's all good, works for me. But um you are	
	708	probably going to have me committed after this. But you know	
	709	there is definitely no discussion around that and what happens	Quality of sex
	710	is I do the foreplay things that I do and then there comes a	
	711	point where it is becoming intense and you can tell, frankly	Non verbal communication
	712	about half the guys I've fuck are literally putting themselves	
	713	in the position where they, they are making it clear that they	
	714	want to be fucked now. More than half actually. And that's	
	715	kind of the point where you just; I just put the head of my cock	Responsibility: power exerted through quality of sex?
	716	near their arse and see what their reaction is. And most of the	
	717	time they'll just pull me in. Um and there'll be the odd occasion	Split subject
	718	when you kind of, when you are not sure what they want and I	
	719	actually think that's because they are not sure what they want.	
	720	Um, um but I will never, almost never reach over and get a	The Mexican stand off
	721	condom. There is the odd occasion where I'll think there	
	722	seems to be a Mexican stand-off where they are not initiating it,	Non verbal communication
	723	I don't want to initiate it um and er then if it goes on for long	
	724	enough I think ok I'll use a condom and that seems to be what	Wants CAS
	725	they are waiting for. But I will literally wait, I'll get right to that	
	726	point and then I'll wait and see what they do. If they want to go	Underlining: intends to have CAS
	727	ahead brilliant, if they don't they'll either make that clear um	
	728	which happens, say ok I need to get a condom now or	Likes to get his own way
	729	something along those lines um or there'll be that Mexican	
	730	standoff that I just described where you know I'm right at the	
	731	point of putting it in, there, it's kind of hovering there for two or	
	732	three minutes and then you think ok I guess I need to put one	
	733	on. And that was an unhappy face for the transcript.	
	734	And at that point what's going through your mind, not with	
	735	the Mexican stand off when you, sort of er, where you said	
	736	you have got your cock around their arse and you want to	

	737	do it, you are not quite sure if they want to do it but then it	
	738	becomes clear they do, what's going through your head at	
	739	this point?	
I know I should feel terribly responsible with the healthcare background and knowledge, but I don't	740	Er I think the word is brilliant. Um yeah not a lot, I know I	Responsibility
I'm thinking brilliant, yeah this is good	741	should feel terribly responsible you know with the healthcare	Physical
Don't know if it is physical or psychological I know I can cum quicker without a condom, I can control when I cum, I can get close and stop	742	background and the knowledge I've got and all that sort of stuff but I actually don't. And frankly I'm aware that not everyone	Psychological
Whereas if I use a condom if I get close I am not sure how long it will take me to get back there	743	that works in HIV is not particularly safe from first-hand	Got his way: likes to get his own way
but um yeah generally I feel relieved because I am a control freak and I feel like I'm much more in control without a condom, I can control what, when I come and how often I come too. I mean without a condom I can come again and again.	744	experience. So that's neither here nor there, but yeah literally	Control
With a condom forget it, if I've been having a lot of sex then it requires a lot of effort to cum with a condom, if I am particularly horny and haven't cum for a while then it won't, if I am on steroids	745	I'm thinking brilliant, yeah this is good. Um I know that I can	Relieved
	746	come quicker without a condom, I can control when I can come,	Delayed ejaculation
	747	as in I can get close and then stop whereas if I use a condom if	Condoms
	748	I get close it's like I'm going to go for it because I might not get	Quality of sex
	749	back there again. Um and how much is psychological and how	steroids
	750	much is physical I do not know I'd say a lot of is it physical but	Horniness
	751	there's some psychological. Um but, although I wouldn't bet	
	752	my life on that, but um yeah generally I feel relieved because I	
	753	am a control freak and I feel like I'm much more in control	
	754	without a condom, I can control what, when I come and how	
	755	often I come too. I mean without a condom I can come again	
	756	and again. With a condom forget it, I come once and it's	
	757	usually so much effort to actually get there. That's not true	
	758	actually if I've been having a lot of sex then it requires a lot of	
	759	effort to get there with a condom. Um if I'm particularly horny	
	760	and haven't come for a while then it won't, if I'm on steroids I'm	
	761	shagging a lot.	
	762		
	763	OK. So do you think you, are you quite dominant in bed?	
I don't like to be dominant, I like to be in control but not dominant	764	Mmmm. Do you know, I don't really like to be that dominant. I	control
It seems to be expected of me as I get older, increasingly I think they want me to be dominant	765	like to be in control but not dominant. But what I have found is	fulfilling role
I used to find it quite difficult when I was younger, I used to find I was really uncomfortable with	766	happened J made me stop clipping and SN made me grow	Pleasing others
Now I'm reasonable comfortable, I can do it and actually enjoy it a bit, I don't need it, I can do it or not do it, it doesn't bother me. It's more to do with them, I am fulfilling a role for the bottom and one day I might learn to love it	767	my beard longer and all that sort of stuff because they both love	age
	768	bears and it seems to be expected of me it's like I am fulfilling a	
	769	role for the bottom and they want me increasingly so and also	
	770	as I'm getting older I think they want me to be dominant. Um I	
	771	used to find it quite difficult when I was younger like they'd say	
	772	fuck me harder and I'd be like this is as hard as I want to fuck	
	773	for god sake. But now I can actually do it and yeah. But it's not	
	774	something that I, it's a role that I was really uncomfortable with	
	775	a few years back, talking five years back, and now I'm	
	776	reasonably comfortable and actually enjoy it a bit, but it's not, I	
	777	don't need it at all, it's more to do with them. One day I might	
	778	learn to love it but at the moment kind of I can do it or not do it	
	779	it doesn't bother me.	
	780	OK. You mentioned that with J, do you think it was	
	781	something to do with drugs?	
	782	SN	
	783	SN, something to do with drugs. What, do you use drugs?	

	784	No.	
	785	OK.	
	786	No, well, I knew, I could tell from your face you knew there was	
	787	a but coming up, well, right, and I knew this was going to come	
	788	up and you're a nurse, so.	
	789	As I said before I'm not here to make any judgements at all.	
The history of me and drugs	790	No, no, it's just that you will understand what I'm about to say.	
Drugs never seem to work on me the way they work on other people	791	Right, history of me and drugs. Drugs never really seemed to	Drugs
	792	work on me the way that they worked on everybody else.	
	793	When I would take E um I don't know if you remember	
	794	Russell's, British Queer as Folk but there's the episode where	
	795	Vince and Stewart are out, Stewart goes home fucks Nathan,	
	796	Vince goes home and watches Pyramids of Mars which is a	
	797	Doctor Who episode, now you wouldn't know Pyramids of Mars	
	798	but I was like oh my god it's Pyramids of Mars um on Channel	
	799	four. Um and I used to go home and I used to be at the club	
	801	with all this stuff going on and I just think I just want to go home	
	802	and watch Doctor Who. And it was nothing, this was before	
	803	Queer as Folk, that's just what I wanted to do, I wanted to lie	
	804	under my duvet, watch Doctor Who with a cup of tea. And um	
	805	after a few years of clubbing and I thought do you know what,	
	806	I'm just going to start doing that, skip straight to the Doctor Who	
	807	and the duvet and what happens is I did the management	
	808	diploma and er on top of working that meant I had no life for	
	809	nine months and then I got back into it, the thrill had gone and I	
	810	know that's a common experience for people, I don't know if	
	811	that happens to you but when you have got a full time job and	
	812	studying your social life stops pretty much dead and when you	
	813	try and get back to it, it's not the same. Your attitudes have	Paranoia ? secondary to steroids and drugs
	814	changed your behaviours have changed and you have got used	
	815	to things being that little bit smaller and yeah I was never	
	816	hugely into clubbing anyway, never hugely into drugs and then	
	817	one day it was after D and I had broken up I was starting to	
	818	recover um my flat mate has a mate who is not a dealer but	
	819	frankly not far off. Um he came round they were all going out	
	820	and he said why don't you come, I ended up going and this guy	
	821	ended up supplying me with every drug, every drug under the	
	822	sun he gave it to me and he was like oh you're feeling a bit	
	823	depressed are you, take some MDMA, take some E, take some	
	824	G take some K um and he just kept giving it. And when they	
	825	wouldn't work not surprisingly given that I'd just been over	
	826	some seriously depression, that's bad English sorry. Er he just	
	827	gave me more and more and I ended up sucking his cock	
	828	which is probably what he wanted um although I was kind of	
	829	angling for it because my flat mate told me he had a massive	
	830	cock, I don't know if you would have got that. But I ended up	
	831	being really trashy, really trashy. Um and I didn't really	
	832	understand, I knew there was the drugs but I wasn't myself.	Control: wanted to suck this guys dick. Likes to get own make: masculine script
I was never hugely into clubbing or drugs, D got mugged and I got terribly upset and that's what led to it.			
My flat mate has a friend who came round because they were going clubbing and I ended up going and this guy supplied with every drug under the sun E, G, K, MDMA. When they didn't work because I'd just been getting over serious depression he gave me some more and I ended up sucking his cock, which is probably what I was angling for because my flat mate told me he had a massive cock. I ended up being really trashy			
I took so many drugs and got really out of it came home and was being a little paranoid, which is not that unusually for me I had a really bad night, it was really messy			

After that night drugs really fucked me up, I won't say I haven't taken drugs since then, but only once or twice a year a line of cock or something	833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868	Um and oh this, this is, this is while I was with D, this wasn't afterwards. Yeah, yeah, yeah, yeah. Something else had happened in my relationship with D just before he got mugged and I got terribly upset he got mugged. I mean just I was really, really, really upset and this was a few days later and yeah that's what led to it. Anyway I took so many drugs and got really out of it, came home was being a little bit paranoid which probably is not that unusual I have to admit, um, I mean for me. Um and I'm not really that paranoid it's just everybody hates me, no I don't believe that. Um, it was just a really bad night, it was really messy, um I hadn't had a good opinion of drugs for a while anyway, D was seriously, he was quite anti-drugs and which was one of the reasons I liked him, one of the things that attracted me to him and now I won't have a boyfriend that does drugs. Um but yeah that, that, that evening completely put me off drugs. Um and I've not taken, I won't say I haven't taken any drugs since but I've only taken about once or twice, probably once a year, I'll take a line of coke or something and that's about it. Um drugs actually make me, I pretty much have an anxiety attack if anyone around me is even talking about drugs after that night it just really fucked me up. Um and yeah so SN doesn't really do a lot of drugs but he, he has told me he has done a lot of drugs since we broke up, he has been very depressed and the only thing that makes him feel good is about x number of E's and god knows what else. He used to be a coke addict but he's told me that he's not taking coke, that's why he stopped taking drugs. Um which was just before I met him and again that's one of the things that attracted me, him to me. So yeah he's not been doing many drugs until we broke up and he went mad, maybe he's telling me about it so maybe it's a cry for attention or something but you know he knows how I feel, I tell him off I try but I can't stop him. Um I don't know what happened when he got fucked and he got HIV I don't know the circumstances of it I actually kind of yelled at him and said don't you dare tell me because I don't want to be able to picture it. But I, the other day it popped into my subconscious.	Infrequent drug use
D was anti drugs which was one of the reasons I liked about him and I now won't have a boyfriend who is into drugs			Only BF who don't use drugs
SN used to be a coke addict which is why he stopped taking drugs which was just before I met him which was one of the things that attracted me to him. He's not been doing many drugs until we broke up and he went mad, he has been depressed an it is the only thing that makes him feel good about himself			He is in love with SN
Maybe it's a cry for attention, he knows how I feel, I tell him off but I can't stop him			
I don't know the circumstances of what happened when he got HIV, I actually yelled at him don't you dare tell me because I don't want to be able to picture it, but the other day it popped into my subconscious			Feel anxiety about how SN caught HIV
			? Feel responsible?
	END OF RECORDING ONE		
He doesn't do anonymous sex, he used to in his twenties, he used to go to cruising grounds all the time, four times a week. He was ridiculously good looking, imagine someone like him turning up, you'd think it was the best Christmas present ever. But he completely stopped, and doesn't understand why I like it and this is part of the reason we split up.	869 870 871 872 873 874 875 876 877 878 879 880 881 882	Oh shit I forgot where I was. I was talking about him barebacking um yeah I had a suspicion he was, that he was drug fucked because he has been drug fucked a lot lately apparently. He doesn't, I love anonymous sex I absolutely love it, I won't tell you what I was doing before I came here but um I just love anonymous sex. I used to have a shrink and she and I used to talk about this, but I couldn't talk to her about the gay things because she was like middle classed, catholic, middle aged, just couldn't talk to her, so I got rid of her. But um where was I going with this? Yeah, he doesn't do anonymous sex, he used to in his twenties and he was even more gorgeous in his twenties, he was ridiculously good looking, he used to go, you call them cruising areas, in Australia they are called beats and he used to go beats and I was just thinking Jesus imagine	Did he think this would be a pick up??
I love anonymous sex, I absolutely love it. I won't tell you what I was doing before I came here, but I just love anonymous sex			Loves anonymous sex: is that part of the thrill?
I used to have a shrink, but I got rid of her. I just couldn't talk to her about the gay stuff because she was middle classed, middle aged catholic.			Contributed to split up
			Mental health
			The story is a little jumbled, is it assumption or is it reality??

He hasn't changed, what has changed is the drugs	883	someone like him turn up to beat you'd think it was the best	
I don't know what he did, I cross examine him and he doesn't even know the guys name. He has been drug fucked a lot recently and must have had anonymous sex with this guy he's recently met, a fuck buddy.	884	Christmas present ever. Um but um he used to do it all the	Still in love with SN?
I'm assuming, he's a bottom so he would have got fucked. All I know is he did something risky. I assume that he's probably gone out getting completely drug fucked and some guys has probably dragged him into the toilet, bent him over, fucked, came in him and the SN would have asked are you positive and apparently the guy said yes but my viral load is low	885	time, I mean four times a week kind of thing, he used to drive to	
	886	this beat that he told me about um and he used to do that for	Jealous
	887	years. But he stopped that, he completely stopped that and he	
	888	doesn't understand why I like anonymous sex and this is part of	Aware hypocritical
	889	the reason we broke up. But he um, he must have had	
	890	anonymous sex with this guy because he kind of met someone	
	891	recently, he's met a fuck buddy, that's all it is so he tells me and	
	892	I think he's right, because I cross examine him and he said he	
	893	doesn't even know the name of the guy he had the unsafe sex	
	894	with, I don't know what he did, I don't know, I'm assuming, he's	
	895	a bottom so he would have got fucked. All I know is that he did	
	896	something and I said how risky was it, are we talking a little bit	
	897	or you know fairly, quite a bit more than that and he said a bit	
	898	more than that. So I can, and he said he didn't know the guy's	
	899	name and I'm like ok SN doesn't do anonymous sex that hasn't	
	900	changed since they broke up, since we broke up um what has	
	901	changed is the drugs and I assume that he's probably going out	
	902	getting completely drug fucked and my friends have told me	
	903	that they've seen him looking pretty messy um and some guy	
	904	probably dragged him to the toilet, bent him over, fucked, came	
	905	in him and then SN would have asked are you positive and	
	906	apparently the guy said yes um but he said my load is low, my	
	907	viral low is low, viral that is. And er, and I'm like congratulations	
	908	SN you fucking idiot. Um I know that sounds hypocritical given	
	909	what I do but it's how things work isn't it. Anyway.	Feels responsible, perhaps because of his own behaviour or is it because, because they split up (if they stayed together then would he be negative?)
	910		
	911	Um so, where am I. So you've talked about the thrill and	
	912	how it made you feel during, what about after?	
After I cum, I pull out and always run off to the bathroom	913	Right well after if I cum inside well actually even if I don't cum	Post ejaculatory fear
One guy I pulled out of so fast that it much of actually hurt him and he was unimpressed	914	inside I will pull out. One guy I pulled out so fast that it must	
	915	have actually hurt him and he was unimpressed. And I always	Self preservation overrides care of partner
	916	run off to the bathroom and excuse myself and if I fuck	
	917	someone at a beat, what do you call?	
	918	Cruising ground?	
	919	Well no cottage.	
	920	Oh right yeah.	
In Australia cottages and cruising areas are all called beats, and it's a much better word	921	I love the way you have this distinction between them they are	Overtone that Australia is superior to UK
I do whatever I can do. If I am in a cottage I'll just wash my willy in the sink if I am in a cruising area I'll actually carry antibacterial moist tissues and sometimes I'll pour water on my willy	922	all beats in Australia. And it's a much better word beat, anyway	
	923	um if I'm at a cottage I'll just wash my willy in the sink if I'm in a	Health protection behaviour
	924	cruising area I'll actually carry antibacterial moist tissues and	
	925	um sometimes I'll have water with me and I'll pour water on my	
	926	willy. Also I do whatever I can.	
	927	What are you thinking at the time?	
The first thing I think about after I've come is the risk and then I	928	I'm thinking I need to wash, quick. You know the longer I leave	

do everything I can to reduce it. I think I need to wash, quick, the longer I leave it the greater the risk It feels good for two reasons, one is I got what I wanted, especially if I cum inside them it's kind of a slightly macho, I don't know if it's a control freak thing or if it's a macho thing but it's a turn on, a big turn on. The other, the gut I shagged three times the other day had my cum dripping of his arse and stuff like that and it's such a turn on. And yeah, you know, it's hot. If there was a Mexican standoff I would use a condom the only time that I can think of that I've actually, recently that I've actually had unsafe sex where maybe I shouldn't have was with this guy yesterday when he had said can we use a condom but then he sat on my cock and he actually said to me, we change position at one point and he said can you put a condom on and I looked at him and said well it's a bit late now and he just went oh ok, and I was like yeah good, get down there. It feels good afterwards because I feel wanted, it is a control thing, it's a macho thing, it's a turn on thing and I usually cum better without. I'm what you would call a hard cumer, I'm sure the neighbours hate me. There's a whole thing going on some of it psychological, some physical, but yeah the risk things I something that enters my head, but at the same time it feels good I just kind of you know look at it very pragmatically and think I've done that now, now I need to reduce the risk and do whatever I can, it's got me to forty without being positive and I've had an awful lot of unsafe sex	929 it the greater the risk. That's actually what I think. The first 930 thing I think about after I've come is the risk and then I do 931 everything I can to reduce it. 932 And if that's going through your head what are you 933 feeling? 934 Good actually. Yeah for two reasons, one is kind of like oh I 935 got what I wanted, the other is, and it feels good, I mean I love 936 it, especially if I come inside them it's kind of a slightly macho, I 937 don't know if it's a control freak thing or if it's a macho thing but 938 it's a turn on, a big turn on. The other, the guy that I shagged 939 three times the other day sorry, the transcribe is going to hate 940 me, he had his cum dripping, my cum dripping out of his arse 941 and stuff like that and it's such a turn on. Um she's going to 942 hate you. Um er and yeah, you know, it's hot. 943 So if somebody was slightly ambivalent about having 944 unprotected sex with you how would you approach that? 945 In what way ambivalent, what, because I've described what I 946 do. 947 Yeah, so if they were ... 948 ... and if there was that Mexican stand-off then I will use a 949 condom. And if they're kind of, probably the only time that I can 950 think of that I've actually, recently that I've actually had unsafe 951 sex where maybe I shouldn't have was with this guy yesterday 952 when he had said can we use a condom but then he sat on my 953 cock and he actually said to me, we change position at one 954 point and he said can you put a condom on and I looked at him 955 and said well it's a bit late now and he just went oh ok, and I 956 was like yeah good, get down there. So I don't know, I don't 957 know if it, it feels good afterwards because I feel wanted, it's a 958 control thing maybe, it's a macho thing, it's a turn on thing, 959 yeah I usually come better without, what you would call, what 960 you would call a hard comer, I'm sure the neighbours hate me 961 um and I come better without a condom usually. So there's a 962 whole thing going on some of it psychological, some of it 963 physical but yeah the risk thing is something that enters my 964 head but at the same time it feels good. 965 So the risk isn't associated with any negative feelings, 966 negative emotions? 967 I'm very pragmatic and I'm very logical, I'm a project manager 968 um I was a crap physio but I'm a good project manager so I just 969 kind of you know look at it very pragmatically and think I've 970 done that now, now I need to reduce the risk and do whatever I 971 can, it's got me to forty without being positive and I've had an 972 awful lot of unsafe sex, so.	Post ejaculatory fear Health protection behaviour feeling got what I wanted macho Control Turn on Significance of semen exchange language Feels wanted manipulative wants to feel wanted Turn on <u>Language: yeah good get down there. Script & power</u> control macho physical / psychological risk Quality of sex Split subject pragmatic risk reduction reinforcing of behaviours
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I use lot's of lube I carry it everywhere, in my bag, I have a massive thing under my bed and I have lube dispensers It's a particular brand; it feels different to normal lube. It tastes good because I like sucking cock, it's slightly tingly, most guys love it particularly on cock and cut guys I've got a little box of bits and pieces, lot's of condoms, lube and massage oil because I like being massaged Poppers for them, not for me I don't always pull it out, there is no logic to it, it's not a planned thing. If it is spontaneous then it won't be there and I might just get lube out I do this thing with my hands which needs lots of lube and drives them crazy. It's basically tantric massage on your cock so that's part of foreplay I didn't read up on it or get trained. I've gotten really good at it lately and almost everybody loves it. I have guys screaming and if I do it long enough they'll let me do anything. And that's not why I do it It used to be once a year, now I am doing about three courses a	973 And you were saying about you position yourself, do you 974 use any lube? 975 Yeah I have, in my bag I carry it everywhere I have little tubes 976 of lube, little bottles, tiny little ones and I've got a massive thing 977 of lube under my bed and I've got lube dispensers, but it's a 978 particular brand, particular type, it tastes good because I like 979 sucking cock and it's very very slightly tingly, it's not one of 980 those hot ones, it's tingly most guys love it particularly on cock, 981 cut guys love it, it feels different to normal lube and I love it. 982 Um and I use lots and lots of lube. 983 OK. So that may set the scene for the person anyway if 984 there's lube about and no condoms they may be thinking 985 that? 986 There are usually condoms about, usually. 987 Is that out and about so people can see them, or in a 988 drawer? 989 Yeah I've got a little, I've got a little box that I pull out, it's 990 actually an ice cream carton I think um with condoms, lube and 991 massage oil because I like being massaged and poppers for 992 them, not for me, I don't really do poppers and yeah just bits 993 and pieces and there's lots of condoms in there. So, but I don't 994 always pull that out, sometimes I will sometimes I won't, there's 995 no logic to it, it's not a planned thing um, if I forget to pull the 996 tray out before someone comes over or if it's kind of 997 spontaneous then it won't be there and I might just get the 998 bottle of lube out. Um I do this thing with my hands which 999 needs lots of lube and drives them crazy. But um, so that's part 1000 of the foreplay thing and actually I've noticed, sorry, if I do that 1001 enough to a guy, if I do this thing with my hands that drives, it 1002 used to drive about twenty per cent of guys crazy I've got really 1003 good at it lately and almost everybody loves it. Um and I have 1004 guys screaming, my neighbours must hate me but I've had lots 1005 of guys screaming lately and um if I do that long enough they'll 1006 let me do anything. And that's not why I do it. 1008 Is it front or back, you don't have to go into any details, but 1009 is it front or back? 1010 It's basically tantric massage on your cock. 1011 Oh right ok. 1012 So I've subsequently found out that it is tantric massage but I 1013 trained myself I didn't read up on it or get trained. 1014 How regularly do you do steroids? 1015 Um it used to be once a year, on my trip to India I bought a	Sensation Masculine script: likes being massaged Poppers for them: to get what he wants Quality of sex Manipulative: that's not why I do it <u>Point of discussion: if somebody has a skill and uses it to get what they want – what are the ethics behind it</u> Steroids
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year. I bought a huge pile on a trip to India I'm still not getting all that big, I'm big enough, not as big as you, bastard!	1016 huge pile of them and I'm now doing about three courses a 1017 year. I'm still not getting all that big but I'm big enough, not as 1018 big as you, bastard!	Perception of self
The steroids play a significant part; I have a lot more sex when I am on them. I probably completely destroyed my testicles, because of the way testosterone works, when I am not on them I have virtually no sex drive. I used to recover from that, but now I am on the next course by the time I have recovered	1019 LAUGHS Um er I'm just checking the list because I think 1020 we may ... 1021 ... the steroids, the steroids definitely play a significant part to, 1022 to you know to pick up on what you were alluding to they are, I 1023 have a lot more sex when I'm on them. When I'm not on them 1024 because of the way testosterone works and so on I have this 1025 period where I have virtually no sex drive. I used to recover 1026 from that but now I'm usually on the next course by the time I 1027 would be recovering from that. So I probably completely 1028 destroyed by testicles. 1029 And so the steroids actually, if you are saying you have 1030 more sex and that also you want to have unprotected sex 1031 more when you are on steroids.	Flirtation CAS related to steroid use Impact of steroids on sexual functioning
When with SN did a course of steroids together It was clear I had to take a low dose of testosterone because I crave anonymous sex when all the time when I am on steroids and that is not going to work in a relationship When I noticed that urge was getting strong I wrapped it down and didn't even tell him	1032 When I was, when I was with SN we did a course of steroids 1033 together and I did another one later by myself. But it was 1034 absolutely clear that I had to take a low dose of particularly 1035 testosterone. Because I just crave anonymous sex all the time 1036 I'm on steroids and that's not really going to work if you are in a 1037 relationship. So I really genuinely did, when I noticed it was 1038 getting that urge was getting a bit strong I just wrapped it down 1039 and I didn't even tell him. Um um ... 1040 ... about the anonymous sex or that you had reduced the 1041 steroids. 1042 That I had reduced them, that I was craving it or that I, I didn't 1043 tell him anything I just thought ok I have to control this. Um, er 1044 but yeah the steroids do have an impact on the amount of sex I 1045 have and the type of sex I have. I think I have more unsafe sex 1046 when I'm on them because I am kind of a bit more 'grr', you can 1047 make it, a bit more sort of gorilla like, I just feel very more, 1048 much more macho. Hate that word but yeah. 1049 And you mentioned earlier that you are more likely to come 1050 inside them as well. 1051 Yeah yeah. 1052 And again that's the control thing?	Steroids related to anonymous sex Adapted behaviour in relationship
I thought I have to control this, I had to reduce them. The steroids have an impact on the amount and type of sex I have I think I have more unsafe sex when I'm on them because I am kind of a bit more 'grr', you can make it, a bit more sort of gorilla like, I just feel very more, much more macho.	1049 And you mentioned earlier that you are more likely to come 1050 inside them as well. 1051 Yeah yeah. 1052 And again that's the control thing? 1053 No that's not a control thing that's a macho think. It's kind of 1054 like, this sounds so crude, it's like you've completely conquered 1055 somebody if you have come inside them, it's like you own them. 1056 It's like a claim on them or something.	Unsafe sex on steroids Steroids > macho > animal (aggressive) Language
No that's not a control thing that's a macho think. It's kind of like, this sounds so crude, it's like you've completely conquered somebody if you have come inside them, it's like you own them. It's like a claim on them or something.	1057 You've mentioned ...	macho conquered them ownership claim

You are so going to have me committed I just want to make it clear, part of the reason I am so frank is because I've had years of counselling so I've kind of thought about these things, not all of them as there are some things I didn't want to talk to her about I don't really drink, most because I a too busy taking coproximal which I got from India. A GP told me once that a certain percentage react strongly to them and I am one of them I used to take them occasionally, like when I was ill because they used to make me feel better. Unfortunately its got worse and worse. I started taking them when things started going bad with SN, and now I take 3 double strength ones a day. It's funny how no one has noticed, I kind of assumed that people would have but, friends don't notice. I brought it up with J, because I was over his place and not on them at all, I said I'm not on them tonight and it feels really good. He was like on what? And I said I've been on them for six months and he was really surprised I stopped drinking firstly during the study, secondly when I started taking steroids and thirdly I'd rather pop 'happy pills than get pissed They definitely make me horny	1058 ... you are so going to have me committed aren't you. 1059 Not at all. You've mentioned Viagra, Cialis and you've 1060 mentioned recreational drugs, what about alcohol. 1061 I don't really drink. Oh I didn't finish the drugs thing. There are 1062 two things I need to say this is completely unrelated, come 1063 back to the drugs thing for a second because I forget to. Um er 1064 part of the reason I'm quite frank because I probably am being 1065 is because I've had years of counselling about various bits and 1066 pieces so I've kind of thought about these things and talked to 1067 the shrink about some of them but not all of them because 1068 there's just something's I didn't want to talk to her about, so I 1069 just want to make that clear. Um drugs, ok, I don't really drink 1070 much mostly because I'm too busy taking coproximal um which 1071 of course I got from India and you know coproximal, you know 1072 what it is? Um and um I used to take it very occasionally like 1073 when I was ill or something like that because it made me feel 1074 better. Um a GP once told me that a certain percentage of the 1075 population seems to get, to react quite strongly to them, now 1076 I'm absolutely sure by that percentage because I've had friends 1077 that take them and some of them like them, some of them think 1078 they are completely useless and one or two are completely 1079 wow and I'm one of the wow people. Unfortunately um in the 1080 last, it started after I broke up with D and it's got worse and 1081 worse and I now take about three a day and when I say three, 1082 they are double strength ones because they are from India. 1083 Um my friends don't notice which I actually told J just the other 1084 night that since I broke up with SN, actually before I broke up 1085 with SN when things started going bad I've started taking them 1086 more and it's funny how no one has noticed and I kind of 1087 assumed that people would but they haven't. Um and the 1088 reason I brought it up with J the other day is because I was 1089 actually over at his place and I wasn't on, I was completely like 1090 not on them at all, couldn't feel it at all. And I actually said I'm 1091 not on them tonight and it feels really good and he was like 1092 what? And I was like oh yeah I've been on them for the last six 1093 months, nearly all the time and he was really surprised by that 1094 but I don't drink. I stopped drinking firstly during the study 1095 break, secondly when I started taking steroids I was told you 1096 mustn't drink and I took that really seriously, a little bit less so 1097 now. Um but thirdly you know I'd rather, I call them happy pills, 1098 I'd rather pop happy pills than get pissed. 1099 And do they affect your sex drive? 1100 They make me horny. 1101 They make you horny? 1102 Yep definitely.	Mental health Mental health Self medication Aware not good / getting worse Takes them to feel better <u>Wants to be noticed</u> Quite sensitive – notices stuff that is going on with his friends (ex's) but they don't notice him Doesn't drink 1) studying; 2) steroids; 3) rather take pills Uses drugs that make him horny: sex makes him feel wanted: using sex & drugs to fill a deficit
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It's tempting to say yes, but I couldn't guarantee, I don't know it makes a significant difference because it is something I like doing anyway The sex I get in a relationship is so different to the sex I have when I am not in a relationship. It's a completely different thing in a relationship, totally different like chalk and cheese. It's much more intimacy, about love, about us as a couple and nothing to do with the macho stuff. But it doesn't satisfy that sort of, yeah that sort of craving and macho and all that. D used to ask me for that a little bit which is weird because he is a prude except when he is getting fucked That is one of the problems that SN and I had, he wanted me to be monogamous for the rest of our lives. I said I can't and that was the beginning of the end of the relationship and that pretty much killed it. It took months to digest, he would spend every day feeling terrible because he'd think I was out shagging every single day and he had to end it because he couldn't cope with that Had sex with other people behind SN back	1103 And make you want to have unprotected sex more or? 1104 Um it's tempting to say yes but I don't know that it makes a 1105 significant difference I couldn't guarantee because it's 1106 something I like doing anyway. 1107 OK. Alcohol so we've already mentioned. 1108 Yeah, barely drink. Little bit but not much. 1109 When you're ... 1110 ... very little bit. 1111 When you're in a relationship and you're having sex 1112 without condoms in a relationship is it different, does it 1113 feel different, is there a different meaning than if you are 1114 doing it with a casual partner? 1115 Yes completely, yeah completely. 1116 In what way? 1117 It's much more intimate, it's about love it's about um, it's about 1118 us as a couple it's nothing to do with the macho all of the stuff. 1119 Although D used to like it when I, he used to kind of ask me for 1120 that a little bit which is weird because he is such a prude except 1121 when he is getting fucked. Um, mmm, um but yeah it's a totally 1122 different thing. It's like chalk and cheese. Unfortunately, and 1123 this is one of the problems that SN and I had, SN wanted me to 1124 say that I would be monogamous with him for the rest of my life 1125 and I kind of said I can absolutely not promise that because 1126 the sex that I get in relationships is so different to the sex that I 1127 have when I'm not in relationships that it doesn't satisfy that 1128 sort of, yeah that sort of craving and macho and all that. Um 1129 and so yeah I just said SN I actually can't, that was the 1130 beginning of the end when he started talking about that and 1131 that's pretty much what killed it. It took months for us to digest 1132 that actually we were not going to be able to have the rest of 1133 our lives together because I wouldn't be able to be 1134 monogamous and he would spend every single day feeling 1135 terrible because he'd think that I was out shagging every single 1136 day um and he had to end it because he couldn't cope with 1137 that. 1138 OK and when you were with him you mentioned before that 1138 you had had sex with other people during that time. 1139 When I was with him? 1140 Yeah. 1141 I hadn't said that.	Would have CAS anyway Doesn't drink Uniqueness Intimacy Love Couple Not macho Still craves that macho stuff Wants to be wanted, but unable to compromise Cheated on partner
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If in a relationship and do anything behind anyone's back, I have been known to, but very little but I would be absolutely safe, no swallowing, nothing really With J had an open relationship, which was insane There were a couple of times D did things that really upset me, I would take revenge by going and fucking somebody Cuming inside me is pretty impossible that you've got to be a boyfriend to do that someone coming inside me means they are my boyfriend and I'm in love with them and I completely trust them. Me cuming inside someone as well if it is a boyfriend there is actually a lot of that. That's kind of how I feel that claim me thing but in a completely different way. I absolutely love it, I wanted SN to do it all the time but the problem with SN is he had a big dick he'd just started getting close and he'd go a bit harder and it would hurt. it's kind of them claiming me which I actually really like. I mean really, really like I remember the first time SN actually did it, I was just glowing for about a week because it felt like he had claim me, I was his now, I explained it to him, he didn't quite understand, but he noticed how much I got off on it	1142 Hadn't you, sorry. 1143 No, although that's actually correct yes. This is the bit where it 1144 has to be anonymous. 1145 Yes of course, of course. 1146 I've, I think I've told one of my friends that although I don't go 1147 into any detail. 1148 And was that protected? 1149 Yes, oh god yes, yeah yeah yeah. If I'm in a relationship if I 1150 ever do anything behind anyone's back and I have been known 1151 to but it's usually very, very little um. With J it didn't matter 1152 because we had an open relationship which was insane but 1153 that's another story. With D there were a couple of times he did 1154 things that really upset me and I would take my revenge by 1155 going and fucking somebody. Um but I would be as safe as 1156 safe absolutely. And with SN there were a couple of times that 1157 happened, well a few times and I was very, very, very safe. No 1158 swallowing, no nothing really. 1159 Now which way round shall I do this? Um so. 1160 It doesn't have to be a story. 1161 No, no, does the, I think you may have answered this so I 1162 do apologise um you coming inside somebody else, 1163 somebody coming inside you what does that mean? 1164 Er someone coming inside me means, is pretty much 1165 impossible that you've got to be a boyfriend to be doing that. 1166 OK. 1167 Um and I love it. Absolutely love it and the problem with SN is 1168 he had a big dick and I wanted him to do it all the time and he 1169 could never, he'd just start getting close and I, he'd go a bit 1170 harder and it would hurt so. But he, um er someone coming 1171 inside me means they are my boyfriend and I'm in love with 1172 them and I completely trust them. And it's kind of them 1173 claiming me which I actually really like. I mean really, really like 1174 I remember the first time SN actually did it, I was just glowing 1175 for about a week because it felt like he had claim me, I was his 1176 now, here but there you go. And he noticed how much I got off 1177 on it I don't think he quite understood it and I kind of explained 1178 it to him but I still don't think he kind of understood it. Um me 1179 coming in somebody well if it's a boyfriend there's a bit of that 1180 there's actually a lot of that, there's actually a lot of that, that's 1181 kind of how I feels that claim me thing but in a completely 1182 different way. The anonymous sex thing it's kind of almost it's	Has cheated Safe with others when in a relationship Cheating as revenge Significance of semen exchange penis Trust Love Them claiming me ownership wants to be wanted psychologically horny abuse
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The anonymous sex thing it's kind of almost it's an abuse thing it's like I've used you and abused you now get the fuck out. Which kind of does it for me! But yeah, I hate all these words but butch, it's like I'm in control When someone cums in me it feels Really good, it makes me feel much closer to the other person, um, um it makes it feel much more serious um, not because of the risk it's nothing to do with the risk it's just um, the intimacy is like a hugely more, if someone has actually come inside you it's much, much, much more intimate. Yeah sex without a condom is much more important because the whole thing about coming inside somebody it's nice but actually the act of sex is much more enjoyable without a condom and coming inside bit is, to be frank, once you have started to come it's going to come out one way or the other, doesn't really matter what you do and it doesn't really matter where it goes, it feels better if you don't have to pull out and jerk off for those last ten seconds but it's fun watching it hit them in the face or whatever so.	1183 an abuse thing it's like I've used you and abused you now get the fuck out. Which kind of does it for me! But yeah, I don't know if there's much more to say about it. 1184 1185 1186 And you said that the whole thing that you've been claimed how does it make you feel? 1187 1188 Um butch I guess, I hate all these words. Yeah I'm sure it's like. Um, um in control. 1189 1190 And when it's done to you? 1191 What when someone comes in me, well as I said that will only happen in a ... 1192 1193 ... yeah but what does it feel? So you said that the meaning is that you've been claimed, owned, how does it make you feel when it happens? 1194 1195 1196 Really good, it makes me feel much closer to the other person, um, um it makes it feel much more serious um, not because of the risk it's nothing to do with the risk it's just um, the intimacy is like a hugely more, if someone has actually come inside you it's much, much, much more intimate. Oh there's a pull out for you in there somewhere. 1197 1198 1199 1200 1201 1202 And what would be more important for you, sex without a condom or ejaculation? 1203 1204 Oh sex without a condom. Coming, are you talking about coming inside? 1205 1206 Yeah. 1207 Yeah sex without a condom is much more important because the whole thing about coming inside somebody it's nice but actually the act of sex is much more enjoyable without a condom and coming inside bit is, to be frank, once you have started to come it's going to come out one way or the other, doesn't really matter what you do and it doesn't really matter where it goes, it feels better if you don't have to pull out and jerk off for those last ten seconds but it's fun watching it hit them in the face or whatever so. LAUGHS 1212 1213 1214 1215 1216 OK we are coming to the end. 1217 Pardon the pun. Oh god. 1218 You mentioned porn earlier er and that I think you mentioned that diverse porn you like bare back porn so what sort of porn, apart from bareback to you watch? 1219 1220 1221 Um I actually have some special DVDs that I burnt with seeding	Masculine Control Closeness Serious Risk Intimacy Enjoyment CAS more important than semen exchange Significance of semen exchange in porn (link with his fantasy)
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I love Treasure Island. Seeding porn is my absolute favourite, but there aren't that many DVDs with that	1222 1223 1224	porn which is coming inside. They are my favourite. They are my absolute favourite but there aren't that many DVDs with that. Um.	
	1225	Treasure Island.	
	1226	Yep oh god I love Treasure Island, found your topic. LAUGHS	
	1227	I'm doing a PhD in it so I would hope so!	
	1228	That's interesting research do you get to claim all this	
	1229	LAUGHS	
I absolutely love Treasure Island, but it gets boring if you watch it all the time so I mix it up with other stuff	1230 1231 1232 1233 1234 1235 1236 1237	I bought some Treasure Island media down at Prowler today, claim it on tax. Brilliant. Um yeah, um I love that stuff absolutely love it but it's like, but at the same time it gets boring, like anything it gets boring if you watch it all the time so I kind of mix it up with other stuff. And I like, actually I burn, I download porn off the internet illegally and a lot of it, and by a lot of it I mean a lot. And I just give DVDs to my friends and never get it back because I've got so much of it. I've burnt enough for ten lifetimes. It just sits there but I label it in four ways, twink, twink bare back, men and men bare back. I've got some bi-porn and some other, like seeding and stuff like that but generally they are the four categories I use so I actually, I'll actually, before I burn I put them all into folders and the bare back porn all goes together and all that sort of stuff.	Likes porn Likes bareback porn
I download and burn porn illegally. A lot of it, I have burnt enough for ten lifetimes. I just give the DVDs to my friends and never get them back.	1238 1239 1240 1241 1242 1243		
I've got some bi porn, seeding and stiff like that, but generally I label it in four categories and put them all into folders, twink, twink bareback, men and men bareback	1244 1245	OK. And in terms of sexual practices, apart from fucking what else do you do?	
I like sucking cock, I'm quite good at that, I'm not particularly patient so like them to cum quickly	1246 1247 1248 1249 1250 1251 1252 1253 1254 1255 1256	Well as I said before I like sucking cock I'm quite good at it, I'm not particularly patient I like them to come quickly. I actually like swallowing cum and I like, so it's more about making a guy come than sometimes swallowing it than actually the sucking. But sometimes the sucking is a big turn on too. It just all depends. Um and I, my tantric massage hand job things I love doing it, that's all about control though because they have absolutely no control when I do that and it's fantastic fun. And I can just have a guy screaming for an hour and a half until they are utterly exhausted its brilliant. But that's a real control thing, that's, whatever.	Impatient Swallowing cum Control
I like swallowing cum, so it is more about making a guy cum than the sucking, but sometimes the sucking is a big turn on too			
I love doing my tantric hand job, that's about control because they have absolutely no control when I do that. It's fun, I can have a guy screaming for a hour and half until they are utterly exhausted. It's brilliant, but that's a real control thing	1257	OK.	
I'm a little more experimental, I've all sorts of shit under my bed, but I tend to use it. I will occasionally tie somebody up if they really want to but they have to ask, I wouldn't suggest it	1258 1259 1260 1261 1262 1263	But that's, that's, pretty much it I don't go in for rubber or leather or tying up or you know I am a little bit more experimental than I used to be and I will occasionally tie somebody up if they really want to. But they have to ask I wouldn't suggest it, I've got all sorts of shit under my bed but I tend not to use any of it.	Bondage
I don't go in for leather or rubber			

Used toys on boyfriends I will fist guys occasionally, probably once a year. I don't use gloves I don't know why I like fisting, it is bizarre, but can be a turn on, but is not a huge turn on I have fisted a guy then fucked him without a condom, but it is pretty pointless if you fist them first Depends how I am feeling I don't like people's expectations; people expect that I will be this power top who is going to fuck them senseless. A lot of the time they expect me to pound them hard or whatever I get that a lot from people, which I don't understand. I'm not a performing monkey, piss off Possibly 90, 95 percent top	1264 OK. And in terms of things that make anal sex for the top 1265 more risky such as fisting, toys that sort of thing? 1266 Um I've used toys on mostly boyfriends, rarely anyone else. 1267 Fisting, I will fist guys occasionally and I don't use gloves or 1268 whatever it is you are meant to use. Um, um I don't really know 1269 why I like fisting it is bizarre but it can be a turn on, but it's not a 1270 huge turn on. 1271 And would you fuck as well without condoms? 1272 I have done that yeah, yeah I have fisted a guy and then fucked 1273 him without a condom. But it's pretty rare that I fist anybody at 1274 all, probably like once a year. But yeah I have done. It's, pretty 1275 pointless actually if you fist them first. 1276 OK couple of other things how would you describe your 1277 sexual role/position? I never know which way round to 1278 describe it because for some people it's a role for other 1279 people it's just a position in sex. 1280 Oh ok. Um mmm, I think that would depend on how I'm feeling, 1281 most of the time it's a role and as I said a lot of the time they 1282 expect me to pound me hard or whatever it is. And sometimes 1283 I don't like that, their expectations when people, the other day 1284 someone was messaged me they were annoyed because I 1285 wasn't horny I was on Gaydar and they were like why are you 1286 on Gaydar if you are not horny and I said I don't have to answer 1287 that. And he was like well I'm horny and I want you to fuck me 1288 and I was like I'm not a performing monkey piss off. And I 1289 actually get that quite a lot from people which I don't really 1290 understand. But yeah it's a role because people expect that I 1291 will be this power top who's going to fuck them all senseless all 1292 the time. Sometimes I don't like that but it is a role. 1293 OK so top you would describe yourself as. 1294 Yeah, yeah, I don't go with the Gaydar active passive thing, I 1295 think that's a bit weird. I must tell Simon that. 1296 Um and kind of you know Recon they have a percentage 1297 so ... 1298 ... oh yeah Recon. Yeah I use Recon. 1299 Are you saying a hundred per cent or ninety per cent? 1300 Ninety. Yeah. Possibly more than ninety, ninety five. Ninety 1301 two point three seven. 1302 LAUGHS. And do you have sex with positive guys? 1303 Um if someone told me they were positive I wouldn't have	Aware of safer fisting Toys Fisting Fisting > CAS = increased risk Likes to be in control Doesn't like to be boxed Doesn't understand, but it is the persona that he gives off.... Role role risk assessment
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I would have sex with a positive guy, but not unsafe Psychology here, if I heard it from them I wouldn't have unsafe sex, if I heard it from somebody else I there have been occasions where I've done it anyway There are guys I think are positive, and sometimes I will anyway. Like the guy the other night, I'm certain that he was positive by at the time it was like he's hot There is the odd occasion I'll let somebody fuck me and they actually might not use a condom for a little while I find that a massive turn on if they are hot it's not just if they are hot sometimes they may not be hot but they have got a fantastic cock. Um and that makes a difference and I might let someone with a fantastic cock fuck me without a condom for a little while. There have been the odd occasion where I've just pulled somebody in. Most of the time I would make them do it, it depends on how hot they are, how risky they are and how nice their cock is	1304 unsafe sex with them but yeah I have had sex with positive 1305 guys that I've known were positive beforehand. I have once or 1306 twice had unsafe sex with someone who I have heard is 1307 positive but I haven't heard it from them. If I heard it from them, 1308 psychology here, if I heard it from them I wouldn't have unsafe 1309 sex with them. But if I had heard it from somewhere else I, 1310 there's been a couple of occasion in my life where I've done it 1311 anyway. And there are guys who I think are probably positive 1312 and sometimes I still will anyway, like I said if I think they 1313 almost certainly are then I won't if I think that they might be and 1314 you know the one I said the other night three times I'm certain 1315 he was but at the time it was like he's hot. 1316 And it would only be as a top? 1317 Yeah. Well, as I said there is the odd occasion where I'll let 1318 somebody fuck me and they actually might not use a condom 1319 for a little while and I find that a massive turn on um if they are 1320 really hot it's like mmm. And actually I probably need to say 1321 this because it might be important for your research it's not just 1322 if they are hot sometimes they may not be hot but they have got 1323 a fantastic cock. Um and that makes a difference and I might 1324 let someone with a fantastic cock fuck me without a condom for 1325 a little while. 1326 And if somebody did to you er as a bottom what you do to 1327 bottoms as a top in terms of the whole standoff thing how 1328 would you ...? 1329 There's been the odd occasion where I've just pulled somebody 1330 in. 1331 OK. 1332 Um but most of the time I would make them do it. Again it 1333 depends on how hot they are, how risky they are, how hot they 1334 are how nice their cock is. 1335 OK. I think we've come to the end of the interview, is there 1336 anything you want to clarify or anything that you haven't 1337 said that you want to say, you know the nature of the study 1338 so. 1339 Yeah. I don't think so, I think I did a few, did that a couple of 1340 times during the interview. I don't think there's anything that, 1341 because I kind of knew that a few things were going to come up 1342 and they've come up. 1343 Cool thank you very much. 1344 No worries END OF TRANSCRIPTION	heard it from them / others / thinks influences CAS Erotic capital CAS: horny Hot Attractive penis control Risk Hot Attractive penis
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